

# Foster Family Home - Deficiency Report

Provider ID: 1-240005

Home Name: Lilia Tanhueco, NA

Review ID: 1-240005-5

91-868 Ma Ke Kula Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 10/22/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection date: (10/22/2025).

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): No evidence present in CCFFH records of CG#1 completed 2nd consecutive year of APS/CAN and criminal background checks. 1st set present in CCFFH records dated 8/15/2023 and was due by 8/15/2024.

8.(a)(1): No evidence present in CCFFH records of sex offender registry searches for CG#1, CG#2, CG#3, CG#4, and HHM#2.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training was completed by CG#3.

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**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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- 41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

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- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4): No evidence present in CCFFH records of updated primary caregiver disclosure form with updated changes to household member composition.

No evidence present in CCFFH records of substitute caregiver disclosure forms for CG#2 and CG#3.

41.(b)(5)(A): CG#1 verbally stated to CTA that her son (non-HHM/CG) drove client with personal vehicle. No evidence present of alternate driver's drivers license, statement of no conviction record, and current automobile insurance that has minimum coverage \$100,000 bodily injury damage per person and \$30,000 property damage.

No alternate driver transportation plan present in CCFFH records.

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#1, CG#2, and CG#3. TB clearance was due by 3/09/2025 for CG#1, 9/12/2025 for CG#2, and 12/22/2024 for CG#4.

41.(b)(8): No evidence present in CCFFH records of current first aid training completed for CG#1 and CG#2.

No evidence present in CCFFH records of current bloodborne pathogen training for CG#1, CG#2, CG#3, and CG#4.

41.(c): No evidence present in CCFFH of minimum 12 hours of in-service training in 2024 for CG#1 and minimum 8 hours of in-service training in in 2024 for CG#4. Only 8 hours present in CCFFH records for CG#1 and none for CG#4.

41.(g): No evidence present in client record of basic caregiver skills were checked by client #1's case management agency for CG#2 and CG#3.

**Foster Family Home**

**Client Care and Services**

**[11-800-43]**

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations given by client #1's case management agency for CG#2 and CG#3.

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## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)(b)(2): NO evidence present in CCFFH records of any fire drills conducted in the past 12 months by any caregivers.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

49.(c)(3): Propane tank found inside of CCFFH used to fuel stovetop. A electric stovetop found upstairs. Propane tank did not state that it is approved for indoor use.

49.(a)(5): Fire extinguisher found in CCFFH read empty. No other fire extinguisher available in CCFFH.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(a): No evidence present in CCFFH records of CCFFH's emergency preparedness plan.

50.(e)(1): Upon CTA's arrival at CCFFH, CG#1 verbally stated that the caregiver records were off property. CG#4 arrived approximately 45 minutes and presented the caregiver records.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

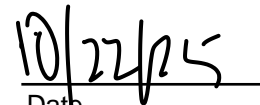
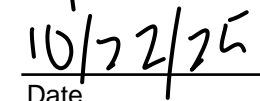
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5): Client #1's medication administrative record did not list instructions of administration, frequency, dose, and time to administer from 10/22/2025 to 6/01/2025.

54.(c)(6): No evidence present in of RN/SW monthly visit by client #1's case management for month of 7/2025.

  
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Compliance Manager  
  
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Primary Care Giver

  
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Date  
  
\_\_\_\_\_  
Date