

Foster Family Home - Deficiency Report

Provider ID: 1-230048

Home Name: Leah Emma Pascua, CNA

Review ID: 1-230048-7

3554 Likini Street

Reviewer: Ryan Nakamura

Honolulu

HI 96718

Begin Date: 3/25/2026

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 3/25/2026).

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): Evidence of lapse of APS/CAN/criminal background check was due by 7/17/2025 and completed 8/12/2025 for CG#6.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(b)(4): CG#1's disclosure form not updated to current address.

41.(f)(1): TB clearance was due by 7/27/2025 for HHM#2.

41.(f)(1)(2): The CCFFH had a connecting doorway that can be opened. Therefore, the CCFFH is considered one unit, not separate units. Individuals living on the other side of door were not listed as household members. No TB clearance or background checks present.

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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 #1's records of RN delegation of any tasks given for CG#7.

No evidence present in client #1's records of rectal suppository medication administration RN delegations given for all caregivers.

No evidence present in client #3's records of RN delegation of any tasks given for CG#3, CG#5, CG#6, and CG#7.

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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.

Comment:

46.(a): No evidence present in CCFFH records of fire drill conducted in from 4/2025 to 2/2026.

46.(b)(2): No evidence present in CCFFH records of CG#3, CG#5, CG#6, and CG#7 conducted a fire drill in the past 12 months.

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client #3's records of signed by client/representative consent/acknowledgment of use of camera in client's bedroom.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No documentation present in CCFFH records of signed agreement of living in a shared room for client #3.

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Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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)(2): No signature present by client/representative for service plan dated 12/12/2025 for client #1.

No service plan present in client #3's records.

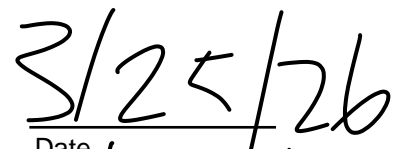
54.(c)(5)(6): No daily documentation present in client #2's records of medication administration and ADL/skilled nursing checklist from 3/22/2026 to 3/25/2026.



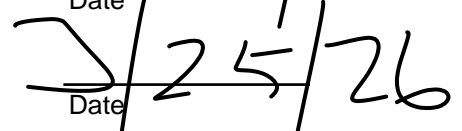
Compliance Manager



Primary Care Giver



Date



Date