

Foster Family Home - Deficiency Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

Review ID: 1-150042-18

91-1058 Apuu Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/24/2026

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 inspection made for a 2-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 4/4/26).

6.d.1- Client #1's 1147 document dated 9/30/25-9/30/26 was missing the client's PCP/MD's signature.

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)- CG#1's APS/CAN and Ecrim expired on 1/7/26 and no current documents were present.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

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

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.(a)(2)- No Prometric Registry Check result was present for CG#3.

41.(b)(7)- CG#1, CG#2, and CG#3's current TB clearance (dated 5/19/25, 5/19/25, & 5/22/25) were not documented on DOH approved TB forms. CG#4's TB clearance expired on 9/6/25 and no current document was present.

41.(b)(8)- CG#4's CPR/basic first aid certification expired on 3/3/26 and no current document was present.

41.(g)- No evidence that CG#3 and CG#4 were provided the basic skills checks for Client #1.

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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 RN delegations on oral medication administration present for CG#1, CG#2, CG#3, and CG#4 in Client #1's chart/records. CG#4 without evidence of having had the RN delegation on oral medication administration for Client #2. (Both of Clients' CMA were notified to provide delegations ASAP to CG#4 as CG#1 was out of CCFFH on vacation. CG#4 was currently a substitute for CG#1).

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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.

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

Comment:

46.(a)- CCFFH without evening and nighttime fire drill conducted/completed- times were all at 8:00am-8:30am.

46.(b)(2)- CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(3)- CCFFH's living room sofa/chairs were cluttered with stacks of blankets. Per CG#4, had been using the sofa in the living room as bedroom.

49.(a)(4), (a)(6) - Hallway from Client #1's bedroom was blocked with a futon/sofa/stacks of clothing/household items- a wheelchair/walker unable to pass through to get to the clients' bathroom and to safely exit in the event of an emergency/evacuation.

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

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

Comment:

50.(e), (e)(1)- CCFFH's binder was in disarray making it difficult to effective review of records.

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Client Rights

[11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)- Client #1 and Client #2's bedroom closets with the CCFFH's belongings stored inside their closets- noted boxes of Christmas items, household items, etc.

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Records

[11-800-54]

- 54.(a) Each home shall maintain an administrative notebook including but not limited to
- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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;

Comment:

54.(a), (b), (b)(1)- Client #1 and Client #2's charts were in disarray making it difficult to review.
54.(c)(2)- Client #1's Service Plan/HAP dated 9/30/25 without the POA's signature. Client #2's Service Plan/HAP dated 8/30/25 without the POA's signature.
54.(c)(5)- Client #1's Medication Administration Record(MAR) for the month of March 2026 was incomplete- missing the 1st page that contained client's daily scheduled medications. Per CG#4 - admitted to not signing the MAR after medications were administered to client. Client's CMA RN was notified during CCFFH inspection/survey to provide a copy of the current MAR. Spoke to J.M. of Absolute Care CMA.
Client #2's Fluticasone medication was signed by CG#4 from 3/1/26-3/23/26 at 8:00am daily although caregiver (CG#4) was not present in the CCFFH on those dates to administer the medication. Admitted to signing the client's MAR without being present in the CCFFH to administer medication.



Compliance Manager

Date

Primary Care Giver

Date