

Foster Family Home - Deficiency Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-19

91-929 Pailani Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 4/1/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 4/01/2026).

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 completed for CG#6.

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).

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

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.

41.(b)(7): Current TB clearance signed not signed by MD/APRN/NP/DO and documented on department approved TB clearance form for CG#6.

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.

Comment:

46.(a): No evidence present in CCFFH records of fire drill conducted in 06/2025.

No evidence present in CCFFH records of fire drill conducted in the past 12 months for CG#5.

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:

Comment:

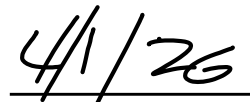
50.(a): 50 (a) Internal emergency management policy has a signature sheet that is not signed by CG#4 and CG#6.



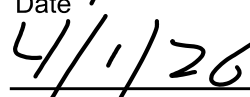
Compliance Manager



Primary Care Giver



Date



Date