

# Foster Family Home - Deficiency Report

**Provider ID:** 1-624610

**Home Name:** Marlene Diego, CNA

**Review ID:** 1-624610-22

94-1237 Halelehua Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/11/2026

## 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 (inspection date: 3/11/2026).

## 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;

Comment:

8.(a)(1): APS/CAN clearance was due by 5/10/2025 for CG#1.

Completed sex offender registry searches present in CCFFH records contained addresses with a search radius for CG#1, CG#2, and CG#3. Sex offender registry searches must contain no search radius.

No sex offender registry search present in CCFFH records for HHM#2.

8.(a)(1)(2): No evidence present in CCFFH records any sets of APS/CAN/criminal background checks of HHM#1.

## 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 confidentiality policy training completed for CG#3, CG#4, and HHM#2.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

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

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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.

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- 41.(j)(1) Report the situation to the clients' case management agencies verbally and in writing prior to the planned absence or being unable to perform caregiving duties. Unplanned absences or events that prevent the primary caregiver from performing regular duties must be reported within twenty-four-hours of occurring;

Comment:

41.(a)(2): Prometric CNA Registry check present in CCFFH records expired for CG#1 and CG#2. CG#2's CNA certificate present in CCFFH records expired on 5/31/2025.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure completed for CG#3 and CG#4.

41.(f)(1): No TB clearance present in CCFFH records for HHM#2.

41.(g): No evidence present in CCFFH records of basic caregiver skills were checked for CG#3 and CG#4.

41.(j)(1): No evidence present in CCFFH or client #1's records of evidence that CG#1 notified client #1's case management agency that CG#1 would be on vacation from 3/5/2026 to 3/22/2026. CTA confirmed with client #1's case management that they were not notified. CG#3 and CG#4 were the planned substitute caregivers on duty while CG#1 was on vacation, but no caregiver skills were checked and received delegations.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: Caregiver sign-in and out sheet was not updated when CG#1 left for vacation.

Foster Family Home	Client Care and Services	[11-800-43]
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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 CCFFH records of RN delegations given for client #1 for CG#3 and CG#4.

Foster Family Home	Fire Safety	[11-800-46]
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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 a fire drill conducted from 5/2025 to 2/2026.

# Foster Family Home - Deficiency Report

## 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): Internal emergency management policy has a signature sheet that is not signed by CG#3 and CG#4.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): Automobile insurance policy present in CCFFH records expired on 6/30/2025. Unable to confirm current insurance coverage.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or current fiscal records (last bank statement dated 2/16/2025) present to show facility's resources.

## 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)(6): No documentation of medication administration and ADL/skilled nursing checklist from 3/2/2026 to 3/4/2026 for client #1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/11/26  
\_\_\_\_\_  
Date

3/11/26  
\_\_\_\_\_  
Date