

Foster Family Home - Deficiency Report

Provider ID: 1-240066

Home Name: Arlan Repuya, NA

3835 Liniki Street

Honolulu

HI

96818

Review ID: 1-240066-5

Reviewer: Po Lim

Begin Date: 5/21/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/21/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Fingerprint was overdue/lapsed for CG#1. Fingerprint was due on or before 8/27/2025 and was completed on 10/18/2025.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

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.2. Client #2 file was not at the CCFFH, and was placed in another person's vehicle.

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

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Personnel and Staffing

[11-800-41]

- 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.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and CG#4.
CG#3 TB clearance not present in the file.
CG#4 TB clearance expired, was due on/before 3/21/2026.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2. CG#2 1st aid was not present in the file.

41.g. No basic skills check present in record for 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 RN delegation present for Client #1 for CG#3.

Foster Family Home

Fire Safety

[11-800-46]

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

Comment:

46.(b)(2)- CG#2 and CG#3 did not have evidence of conducting a monthly fire drill within the past 12 months.

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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#2 MAR was not documented daily. Sheet not completed from 5/19/26 to 5/20/26.

54(c)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from 5/13/26 to 5/20/26.
Client#2 ADL flowsheet was not documented daily. Sheet not completed from 5/19/26 to 5/20/26.

Compliance Manager

Primary Care Giver

Date

Date