Foster Family Home - Deficiency Report

Provider ID:	**1-140057**		
Home Name:	**Daisy Kaneshi, CNA**	**Review ID:**	**1-140057-18**
94-535 Ana Aina Place		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	6/18/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1. The 1147 on file expired 01/18/2026.

The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 2. The 1147 on file expired 02/23/2026.

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) Fingerprint was overdue/lapsed for HHM# 2 & 3. Fingerprint was due on or before 05/03/2026 and was last completed on 05/03/2024

8(a)(2) APS/CAN checks were overdue/lapsed for HHM# 2 & 3.
APS/CAN was due on or before 05/03/2026 and was last completed on 05/03/2024.

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 4.
APS/CAN was due on or before 03/15/2026 and was last completed on 03/15/2024.

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 & 2 for CG# 2.

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Foster Family Home	Insurance Requirements	[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy for CG# 1, expired 08/28/2025.

Foster Family Home	Client Rights	[11-800-53]

53.(b)(8) Have the client's personal and medical records kept confidential;

Comment:

53.(b)(8) Client# 1, 2, & 3 binders were found out in the open and accessible to individuals entering the CCFFH.

Foster Family Home	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),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 05/03/2025.

54.(c),54(c)(2) No current service plan present for Client# 2. Last one in record is dated 04/01/2025.

54.(c),54(c)(5) Client# 1 & 3. MAR flowsheet was not documented daily. Sheet not completed from 06/16/2026 to present.

54.(c),54(c)(5) Client# 2. MAR flowsheet was not documented daily. Sheet not completed from 06/15/2026 to present.

54.(c),54(c)(6) Client# 1, 2, & 3. ADL flowsheet was not documented daily. Sheet not completed from 06/16/2026 to present.

54.(c),54(c)(6) Client# 1, 2, & 3. VS flowsheet was not documented daily. Sheet not completed from 06/16/2026 to present.

LPN

Compliance Manager

06/18/2026

Date

Primary Care Giver

06/18/2026

Date