Foster Family Home - Deficiency Report

Provider ID:	**1-100118**		
Home Name:	**Elena Puesta, NA**	**Review ID:**	**1-100118-19**
98-1678 Laauhuahua Place		Reviewer:	Maribel Nakamine
Pearl City HI 96782		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 inspection made for a 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days.

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

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

Comment:

41.(b)(7)- CG#3's TB clearance dated 3/26/26 was not documented on DOH approved form.

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)- CG#3 and CG#4 were without evidence of having been delegated with Client #1's use of Cpap machine.

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.(a)- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home **Physical Environment** **[11-800-49]**

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' shower floor.

Maribel Nakamine RN 6/18/26

Compliance Manager Date

Primary Care Giver Date 6/18/26