

Foster Family Home - Deficiency Report

Provider ID: 2-560046

Home Name: Helen Sembran, CNA

Review ID: 2-560046-20

35 Maemae Street

Reviewer: Po Lim

Hilo HI 96720

Begin Date: 6/19/2026

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 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 6/19/2026 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1). Second Fingerprint check is not present in the file for CG#2.

8(a)(2) APS/CAN checks were overdue for CG#4.

APS/CAN was due on or before 6/12/2026 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#4.

State Name Check (eCrim) was due on or before 6/4/2026 and was not present in the CCFFH file.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(3) No job experience form present for CG#2, #3, and #5.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#4.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(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) No evidence that a 3-bed sign out sheet was in use at the CCFFH today, CG#1 is not present in the CCFFH at this time. Last entry was on 1/17/2026.

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;

Comment:

54(c)(2) No current signature of POA/client for service plan present for Client#2.

Compliance Manager

Primary Care Giver

Date

Date