Foster Family Home - Deficiency Report

Provider ID:	**1-190087**		
Home Name:	**John Morick U. Tiu, CNA**	**Review ID:**	**1-190087-15**
1052 Luehu Street		Reviewer:	Po Lim
Pearl City HI 96782		Begin Date:	6/25/2026

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 for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 6/25/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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) Second Fingerprint check is not present in the files for HHM #7

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#5. It was due on/before 7/3/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1 and CG#4.
CG#1 requires 12 hours of in-service training, but had only 10 hours attended in 2025.
CG#4 requires 8 hours of in-service training, but had only 4 hours attended in 2025

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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)(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)(2) No current signature of the POA for service plan present for Client#1 and Client#2.

54(c)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from 5/23/26 to 5/31/26; and from 6/23/26 through 6/24/26.
Client#2 ADL flowsheet was not documented daily. Sheet not completed from 5/27/26 to 5/31/26; and from 6/23/26 through 6/24/26.

Compliance Manager — Date: 6/25/2026

Primary Care Giver — Date: 6/25/2026