

Foster Family Home - Deficiency Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-23

94-423 Hokualea Street

Reviewer: Ryan Nakamura

Mililiani HI 96789

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/25/2026).

6.(d)(1): 1147 assessment present in client #1's records expired 12/07/2025.

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): No evidence present in CCFFH records of sex offender registry searches completed for CG#1, CG#2, and CG#3.

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): Evidence present in CCFFH records of lapse of TB clearance for CG#1. TB clearance was due by 12/18/2025 and completed 2/11/2026 for CG#1. TB clearance was not signed by MD/APRN/NP/DO.

Foster Family Home	Fire Safety	[11-800-46]
--------------------	-------------	-------------

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

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

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted for months of 2/2026 to 5/2026.

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(5)

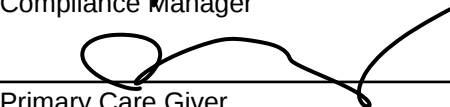
Medication schedule checklist;

Comment:

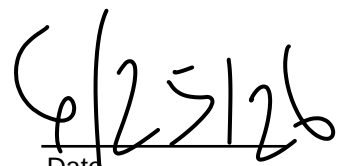
54.(c)(5): Discrepancy noted client #1's medication administration record (MAR) compared to physician order/medication label for Lanthanum. MAR stated Lanthanum 500mg 1 tablet by mouth daily but physician order/medication label stated Lanthanum 500mg 1 tablet twice a day.



Compliance Manager



Primary Care Giver



Date



Date