Foster Family Home - Deficiency Report

Provider ID:	**1-180039**		
Home Name:	**Laura Umayam Inocencio, NA**	**Review ID:**	**1-180039-16**
91-656 Kilinahe Street		Reviewer:	Maribel Nakamine
Ewa Beach HI 96706		Begin Date:	4/14/2026

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 emailed to CG#1 with plan of correction due to CTA within 10 business days (issued on 6/3/26).

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), (2)- CG#1's APS/CAN lapsed on 1/9/26 and was renewed on 2/4/26; Ecrim lapsed on 1/9/26 and was renewed on 1/26/26. CG#2's APS/CAN lapsed on 1/9/26 and was renewed on 2/10/26; Ecrim lapsed on 1/9/26 and was renewed on 2/10/26. CG#3's APS/CAN lapsed on 1/9/26 and was renewed on 2/9/26; Ecrim lapsed on 1/9/26 and was renewed on 2/9/26. HHM#3's APS/CAN lapsed on 1/9/26 and was renewed on 2/5/26; Ecrim lapsed on 1/9/26 and was renewed on 1/27/26.

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

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

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)(7)- CG#4's TB clearance expired on 1/13/26 and no current document was present.
41.(c)- CG#1, CG#2, CG#3, and CG#4 were without evidence of having any hours of annual in-services for the year 2025.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- CCFFH's living room/dining area/clients' bathroom with strong smell of human urine. Missing screen in stairwell window- insects, mosquitoes, bugs, etc. can enter through and possibly bit the clients.

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Foster Family Home	Quality Assurance	[11-800-50]

50.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
50.(e)	The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:
50.(e)(2)	Inspection of service sites;

Comment:

50.(a)- CG#2, CG#3, and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.
50.(e), (e)(2) - CTA Compliance Manager went unannounced to CCFFH in 2 additional occasions (4/20/26 and 5/21/26) to finish the physical environment inspection due to CG#1 not having access to one of the CCFFH bedrooms. Per CG#1, no access to the bedroom key.

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

53.(b)(9)	Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with use of video monitoring device in clients' bedrooms. No evidence that consents were obtained from Client #1 and Client #2.

Foster Family Home	Records	[11-800-54]

54.(a)(1)	Emergency procedures and an evacuation map;
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)(2)- Client #1's Service Plan/HAP expired on 2/10/26 and no current document was present.
54.(a)(1)- CCFFH's Emergency Evacuation Map was not updated to reflect the current structure of the home.
54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 2/23/26; missing MARs for the months of March 2026 and April 2026.
Client #2's MAR was last signed on 4/12/26. Gabapentin medication was not available during medication reconciliation.
54.(c)(6)- No monthly RN visit summary present in Client #1's chart for the months of January 2026 and February 2026.

Maribel Nakamine RN 6/3/26

Compliance Manager Date

Primary Care Giver Date