# Foster Family Home - Deficiency Report

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| **Provider ID:** | **1-190051** | | |
| **Home Name:** | **Lerisa Morales Calip, CNA** | **Review ID:** | **1-190051-14** |
| 1618 Nakula Street | | Reviewer: | Laurie Vosler |
| Wahiawa HI 96786 | | Begin Date: | 6/17/2026 |

## 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 annual inspection for 2/3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1. The 1147 on file expired 04/16/2026.

## 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) Fingerprint was overdue/lapsed for CG# 1. Fingerprint was due on or before 06/03/2025 and was last completed on 06/3/2019.

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 1.
APS/CAN was due on or before 07/07/2025 and was last completed on 07/07/2023.

8(c) State Name Check (eCrim) was overdue/lapsed for CG# 1. State Name Check (eCrim) was due on or before 06/10/2025 and was last completed on 06/10/2023.

# Foster Family Home - Deficiency Report

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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| 41.(a)(2) | Be a NA, an LPN, or RN; |
| 41.(b)(7) | Have a current tuberculosis clearance that meets department guidelines; and |
| 41.(f)(1) | Tuberculosis clearances that meet department of health guidelines; and |
| 41.(j)(2) | Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and |
| 41.(j)(3) | Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review. |

Comment:

41.(a)(2) CG#3 Prometric check expired on 01/31/2026.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 1, 2, & 3.

CG# 1 TB clearance lapsed, was due on/before 03/28/2026 and was last done on 02/28/2025.

CG# 2 TB clearance lapsed, was due on/before 02/16/2026 and was last done on 01/16/2025.

CG# 3 TB clearance lapsed, was due on/before 06/14/2026 and was done on 05/14/2025.

41.(f)(1) No current/Lapse in TB clearance for HHM# 1. TB clearance was due on or before 10/08/2025 and was last completed 09/08/2023. CCFFH does not qualify or meet specifications for TB Exemption Form.

41.(j)(2) No caregiver present at CCFFH, SCG was in their studio apartment taking a shower, leaving client unattended in primary home.

41.(j)(3) It took CTA more than 15 minutes to gain access to the CCFFH. CTA knocked repeatedly and rang doorbell; it was not until CCFFH client spoke through window stating to go around back and knock on apartment. Home was secured both inside and outside of home with padlock on interior front door and sliding lock mechanism on exterior of back door.

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

Comment:

46.(a) - Last fire drill present in record was documented on 04/10/2026.

| Foster Family Home | Medication and Nutrition | [11-800-47] |
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| 47.(d) | Use of physical or chemical restraints shall be: |
| 47.(d)(1) | By order of a physician; |
| 47.(d)(2) | Reflected in the client's service plan; and |
| 47.(d)(3) | Based on an assessment that includes the consideration of less restrictive restraint alternatives |

Comment:

47.D.1.2.& 3. Client restrained to home, front door secured with padlock on interior side, back door had sliding lock on exterior side.

# Foster Family Home - Deficiency Report

| Foster Family Home | Physical Environment | [11-800-49] |
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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 client shower.

| Foster Family Home | Insurance Requirements | [11-800-51] |
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51.(a)(2) Automobile; and

Comment:

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy for CG# 1, expired 04/01/2025.

| Foster Family Home | Client Rights | [11-800-53] |
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53.(b)(8) Have the client's personal and medical records kept confidential;

Comment:

53.(b)(8) Client# 1 binder was found in unoccupied client bedroom and accessible to individuals entering the CCFFH. Previous client that had passed June 7, 2026, binders present and still in CCFFH.

| Foster Family Home | Records | [11-800-54] |
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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:

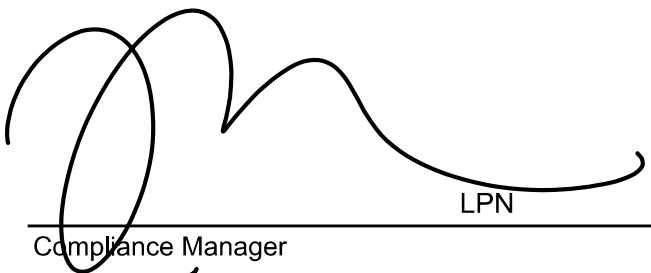
54.(c),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 04/16/2026.

54.(c),54(c)(5) Client #1, MAR flowsheet was not documented daily, sheet not completed from 05/29/2026-present.

54.(c),54(c)(6) Client #1, ADL flowsheet was not documented daily. Sheet not completed from 05/30/2026-present.

54.(c),54(c)(6) Client #1, VS flowsheet was not documented daily. Sheet not completed from 05/27/2026-present.

54.(c),54(c)(6) Client # 1 did not have evidence of RN monthly visit notes last note present 11/07/2025.

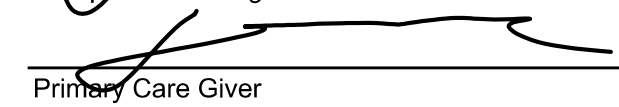


LPN

Compliance Manager

06/17/2026

Date



Primary Care Giver

06/17/2026

Date