Foster Family Home - Deficiency Report

Provider ID:	**2-591075**		
Home Name:	**Liberty Tolentino, CNA**	**Review ID:**	**2-591075-20**
16-530 Ohe Street		Reviewer:	Ryan Nakamura
Keaau HI 96749		Begin Date:	6/10/2026

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 3 bed CCFFH recertification. Report issued via email with written plan of correction due to CTA within 10 business days of report issued (issued on 6/12/2026).

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): No evidence present in CCFFH records of 2nd set of APS/CAN/criminal background checks were completed for HHM#2. Only set of fingerprint background checks present in CCFFH records were completed on 6/28/2024 and no evidence present of second set were completed.

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

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

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

Comment:

41.(b)(7): Evidence of lapse present in CCFFH records of TB clearance for CG#3. TB clearance was due by 3/05/2026 and completed 5/29/2026 for CG#3.

41.(b)(8): First aid/CPR training present in CCFFH records expired on 2/28/2026 for CG#4.

3 Person Staffing	**3 Person Staffing Requirements**	**(3P) Staff**

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No hours of in-service training completed in the past 12 months and only 12 hours completed in the past 24 months present in CCFFH records for CG#4.

Foster Family Home - Deficiency Report

Foster Family Home	Client Care and Services	[11-800-43]

43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client #2's records of RN delegations of any tasks given for CG#4.

Foster Family Home	Insurance Requirements	[11-800-51]

51.(a)(2)	Automobile; and

Comment:

51.(a)(2): Automobile insurance present in CCFFH records expired on 1/15/2026.

Foster Family Home	Fiscal Requirements	[11-800-52]

52.(a)	The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
52.(b)	The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
52.(c)	All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): Monthly budget present in CCFFH records was not updated since 12/2024

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)(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): Last service plan present in client #2's records was dated 7/07/2025 and due by 1/31/2026.

54.(c)(5): Discrepancy noted in the client #1's medication administration record/physician order compared to medication label for Levothyroxine. MAR and physician order stated Levothyroxine 25 mcg 1 1/2 tablet by mouth daily but medication label stated Levothyroxine 25 mcg 1 tablet by mouth daily. CG#3 stated that Levothyroxine was administered 1 tablet by mouth daily.

No supply of Pantoprazole present for client #1.

No documentation of medication administration for Atorvastatin from 6/01/2026 to 6/09/2026 for client #2.

54.(c)(6): No evidence present in client #1's records of CMA RN/SW monthly visit was conducted in the month of 9/2025.

Compliance Manager — Date: 6/12/2026

Primary Care Giver — Date