Foster Family Home - Deficiency Report

Provider ID:	**1-240081**		
Home Name:	**Matthew Borja, NA**	**Review ID:**	**1-240081-5**
5255 Likini Street		Reviewer:	Po Lim
Honolulu HI 96818		Begin Date:	6/22/2026

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.

42.a.1. Client#2 Form 1147 was expired on 5/29/2026.

Deficiency Report issued during CCFFH inspection via email on 6/22/2026 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;

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) Fingerprints was not present in the files for HHM#1, #2, and #3.

8.(a)(1) Sex Offender check are not present for HHM#2 and #3..

8(a)(2) APS/CAN checks were overdue for CG#1.
APS/CAN was due on or before 6/6/2025 and was not present in the CCFFH file.

Foster Family Home — Information Confidentiality — [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2 and #3.

Foster Family Home - Deficiency Report

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

41.(a)(4)	Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.
41.(b)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
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.a.4. CCFFH does not have a substitute caregiver available.

41.b.4. Disclosure form was not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance for HHM#1, #2, and #3.

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

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.

Comment:

46.(a) - Last fire drill present in record was documented on 2/2026. No fire drill documentation present for October 2025 through December 2025; and March 2026 through May 2026.

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

51.(a)(1)	General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 10/29/2025.

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;

Comment:

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

Compliance Manager — Date: 6/22/2026

Primary Care Giver — Date: 6/22/2026