Foster Family Home - Deficiency Report

Provider ID:	**1-250086**		
Home Name:	**Michael Angelo Santos, NA**	**Review ID:**	**1-250086-3**
99-230 Ohenana Loop		Reviewer:	Po Lim
Aiea HI 96701		Begin Date:	6/23/2026

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. Client #1 Form 1147 was not present is the file.
Client #2 Form 1147 was expired on 3/6/2026.

Deficiency Report issued during CCFFH inspection via email on 6/23/2026 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;

Comment:

8.(a)(1) Sex Offender check are not present for CG#3, #4, and #5.

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 CG#5.

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

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.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
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.4. No disclosure form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#5. CG#5 TB clearance was present but not signed by the provider.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#3.
CG#1 BBP/IC was expired and was due on/before 1/7/2026.
CG#3 BBP/IC was lapsed, was due on / before 12/18/2025 and was completed on 1/5/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG#3 requires 8 hours of in-service training, but had only 6 hours attended in 2025.

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 RN delegation present for Client#1 for CG#3, #4, and #5.

Compliance Manager

6/23/2026
Date

Primary Care Giver

6/23/2026
Date

6/23/2026 12:28:45 PM