Foster Family Home - Deficiency Report

Provider ID:	**1-100122**		
Home Name:	**Mila Rose Pasamonte, CNA**	**Review ID:**	**1-100122-23**
630 Kaniahe Street		Reviewer:	David Ayling
Wahiawa HI 96786		Begin Date:	6/2/2026

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 6/16/26.

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) - Sex Offender checks filled out incorrectly for CG #1, CG #2, HHM #2, and HHM #3 (needs to remove address and city).

8.(a)(2) - APS/CAN expired on 2/15/2026 for CG #1.

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) - TB clearance expired on 10/8/2025 for CG #2. TB clearance expired July 2025 for HHM #3.

41.(b)(8) - CPR/First Aid not done at an approved organization for CG #1 and CG #2.

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;

Comment:

54.(c)(2) - No Service Plan present for Client #2. Service Plan not signed since 9/2025 for Client #3.

54.(c)(5) - Medication, Lasix, listed on the Doctor's orders, but not on the MAR (client receiving medication as ordered).

Compliance Manager

6/2/2026
Date

Primary Care Giver

6-2-2026
Date

6/2/2026 2:58:18 PM