Foster Family Home - Deficiency Report

Provider ID:	**1-512229**		
Home Name:	**Odette Josue, NA**	**Review ID:**	**1-512229-19**
1719 A Owawa Street		Reviewer:	Ryan Nakamura
Honolulu HI 96819		Begin Date:	6/16/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/16/2026).

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 initial set of APS/CAN/fingerprint background check completed for HHM#5.

No sex offender registry searches were completed for HHM#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 evidence present in CCFFH records of CCFFH's confidentiality training completed for HHM#5.

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 was due by 3/1/2026 for CG#1.

41.(b)(8): Evidence of lapse present in CCFFH records of CPR training for CG#3. CPR training was due by 1/31/2026 and completed 3/02/2026 for CG#3.

Foster Family Home — Physical Environment — [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2): No grab bar present near toilet in client's bathroom.

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Foster Family Home	Client Rights	[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): CG#1's belongings found in client #2's bedroom closet.

Foster Family Home	Records	[11-800-54]

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)(5): No documentation of medication administration for client #1 and #2 from 6/11/2026 to 6/16/2026.

54.(c)(6): No documentation present in client records of ADL/skilled nursing checklist for client #1 and #2.

No evidence present in client #1's records of case management RN/SW monthly visit for month of 11/2025.

Compliance Manager — Date 6/16/26

Primary Care Giver — Date 6/16/26