

Foster Family Home - Deficiency Report

Provider ID: 1-512229

Home Name: Odette Josue, NA

1719 A Owawa Street

Honolulu

HI

96819

Review ID: 1-512229-19

Reviewer: Ryan Nakamura

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.

Foster Family Home - Deficiency Report

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:

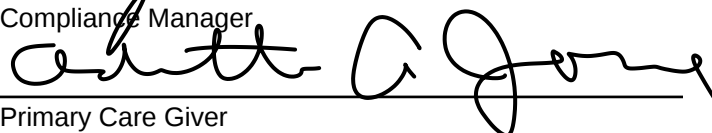
54.(c)(5): No documentation of medication administration for client #1 and #2 from 6/11/2026 to 6/16/2026.

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

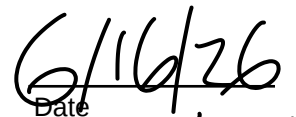
No evidence present in client #1's records of case management RN/SW monthly visit for month of 11/2025.

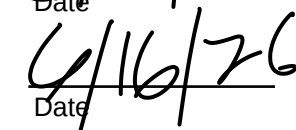


Compliance Manager



Primary Care Giver



Date


Date