Foster Family Home - Deficiency Report

Provider ID:	**1-250052**		
Home Name:	**Rosabella Abuyuan, CNA**	**Review ID:**	**1-250052-2**
94-1576 Waipahu Street		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/22/2026

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.

Deficiency Report issued during CCFFH inspection via email on 5/22/2026 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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)
Second Fingerprint check was not present for CG#2.

8(a)(2) APS/CAN checks were overdue for CG#2.
APS/CAN was due on or before 8/14/2025. and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#2.
State Name Check (eCrim) was due on or before 9/13/2025 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 CG#2, HHM#1, and HHM#2.

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

41.(a)(2)	Be a NA, an LPN, or RN;
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.
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and #2.

41.b.4. Disclosure form was not up to date for CG#1. No disclosure form present for CG#2.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance expired, was due on/before 10/24/2025.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid / Bloodborne Pathogen/Infection control training for CG#1 and #2.

CG#1 and CG#2 Bloodborne/ IC was due on/before 1/2/2026.

CG#2 CPR/1st Aid was not present in the file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 . CG#2 requires 8 hours of in-service training, but had only ZERO hours attended in 2025.

41.g. No basic skills check present in record for CG#2.

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#1.

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 3/2026. No fire drill documentation present for April 2026.

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Foster Family Home	Quality Assurance	[11-800-50]

50.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place.
Form was not filled out and CGs were not trained.

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:

(c)(5) Client#1 MAR was not documented daily. Sheet not completed from 5/12/26 through 5/22//26.

54(c)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from 5/12/26 through 5/22/26.

RN — 5/22/26
Compliance Manager — Date

5/22-26
Primary Care Giver — Date