Foster Family Home - Deficiency Report

Provider ID:	**1-250049**		
Home Name:	**Suerte Miranda, RN**	**Review ID:**	**1-250049-2**
94-1164 Eleu Street		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	6/5/2026

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.

Re-inspection of CCFFH, was not able to inspect on 5/22/2026.

Deficiency Report issued during CCFFH inspection via email on 6/5/2026 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) Fingerprint was not present in the file for CG#2.

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 HHM#3 and HHM#4.

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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)(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.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

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

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2, CG#3, and HHM#3.
CG#2 does not have a TB clearance on file.
CG#3 TB clearance expired, was due on/before 12/9/2025 and was not in the file.
HHM#3 TB clearance expired, was due on/before 3/4/2026 and was not in the file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2. It was due on/before 6/3/2026.

41.e. CG#2 does not have the CTA SCG approval form present in the file.

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

49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.c.3. HHM#1 door is locked with no other access and unable to be inspected.

Foster Family Home	Records	[11-800-54]

54.(b)(1)	Permit effective professional review by the case management agency, and the department; and

Comment:

54.(b)(1) CCFFH binders were not available for review due to CG#3, who is present, not knowing the location of the binders.

RN — 6/5/2026

Compliance Manager — Date

Miranda — 6/5/2026

Primary Care Giver — Date