

# Foster Family Home - Deficiency Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-16

37 Hauola Avenue

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 3/6/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issued on 3/6/24).

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1, CG#2, CG#3, and HHM#1's APS/CAN lapsed on 6/22/23 and no current results were present.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- HHM#1's TB clearance lapsed on 10/6/23 and no current result was present.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 3/1/24. No signatures present from 3/2/24-3/6/24 (am doses). Client #2's MAR was last signed on 3/3/24; no signatures present from 3/4/24-3/6/24 (am doses).

Maribel Nakamine, RN 3/6/24  
Compliance Manager Date  
[Signature] 3/6/24  
Primary Care Giver Date