

Foster Family Home - Deficiency Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-19

94-493 Hiwahiwa Way

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 7/30/2025

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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#4 and #5.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#4 and #5 did not conduct a fire drill in the past 12 months.

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature of POA/Client/OPG for service plan present for Client#2.

Compliance Manager

Primary Care Giver

Date

Date