

Foster Family Home - Deficiency Report

Provider ID: 1-230068

Home Name: Jocelyn E. Mendoza, CNA

Review ID: 1-230068-5

91-848 Keena Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/22/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 30 days of inspection (inspection date: 7/22/2025).

CCFFH applied to increase to 3 client bed CCFFH.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry completed for CG#3.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1): No evidence present in client records of written consent of use/disclosure of client information for client #1.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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| 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.(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.(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): No evidence present in CCFFH records of CNA Prometric registry search conducted for CG#1.
- 41.(b)(7): No evidence present in CCFFH records of current TB clearance completed within the past 13 months for CG#1, CG#2, and 3 minor household members
- 41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training for CG#1 and CG#2. Training was due by 4/24/2025 for CG#1 and 2/28/2025 for CG#2.
- 41.(c): No evidence present in CCFFH records of CG#1 completed minimum 12 hour of annual in-service training in 2024 and CG#2 completed minimum 8 hours of annual in-service training in 2024.
- 41.(e): CCFFH applied to increase to three bed client CCFFH. CG#3 was not approved as a 3 bed client substitute caregiver.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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| (3P)(a)(4) Staff | A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS. |
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Comment:

- (3P)(a)(4) Staff: CCFFH applied to increase to a 3 bed client CCFFH. No evidence present of 1 year work experience for CG#3.

Foster Family Home	Client Care and Services	[11-800-43]
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| 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. |
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Comment:

- 43.(c)(3): No evidence present in client records of RN delegations by client #2's case management agency were given to CG#3 for oral, rectal suppository, inhaler, and eye drop medication administration and CG#2 for rectal suppository, inhaler, and eye drop medication administration

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Foster Family Home**Grievance****[11-800-45]**

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No documentation present in client records of signed acknowledgement of CCFFH grievance policies were reviewed by client #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): No evidence present in CCFFH records of monthly fire drills were conducted by any caregivers. Last documented fire drill was dated 7/05/2024.

Foster Family Home**Client Rights****[11-800-53]**

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

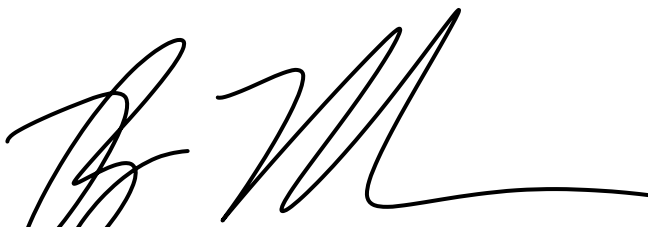
53.(a): No documentation present in client records of client's rights were provided to client #1. No copy was present.

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

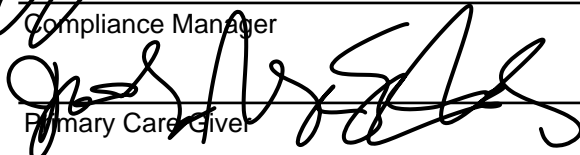
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

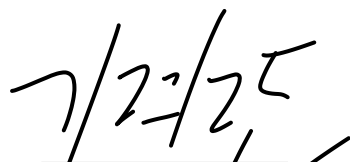
54.(c)(6): No documentation present in CCFFH records of progress notes of any events in the past 12 months for client #1.



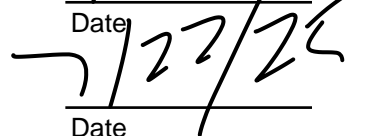
Compliance Manager



Primary Care Giver



Date



Date