

Foster Family Home - Deficiency Report

Provider ID: 1-170052

Home Name: Juliet Grefa Carino, NA

Review ID: 1-170052-17

94-830 Nolupe Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/26/2025

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/26/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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. Sex Offender Check was not completed for CG#1, #2, #3, #4, #5, and #6.

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)(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.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#2 and CG#6.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2 and CG#5. CG#2 and CG#5 Bloodborne Pathogen/ IC were 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, #5, #6. CG#6 requires 8 hours of in-service training, but had only 7 hours attended in 2024. No annual in-service training hours for CG#2 and CG#5 for 2024 present in record. CG#2 and CG#5 was required to have 8 hours in 2024.

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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:

54(c)(5) No MAR present for June 2025 for Client# 1.

54(c)(6) No ADL flow sheet present for Client#1 for June 2025.

No ADL flow sheet present for Client#2 for May 2025 and June 2025.

ADL flowsheet was not documented daily. Sheet not completed from 5/9/25 to 5/31/25.

Client #2 did not have evidence of RN monthly visit notes on 2/2025, 4/2025, and 5/2025.

Compliance Manager

Primary Care Giver

Date

Date