

Foster Family Home - Deficiency Report

Provider ID: 1-630576

Home Name: Alejandrina Seatriz, CNA

Review ID: 1-630576-19

91-1050 Kauiki Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 8/6/2025

| 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/6/25).

| 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 sex offender search results present for CG#1, CG#2, CG#4, HHM#2 and HHM#3.

| 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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(a)(2)- CG#1 and CG#4 without evidence of Prometric Registry Check results.

41.(b)(5)- CG#2's ID- driver's license expired on 4/5/25.

| 3 Person Staffing | 3 Person Staffing Requirements | (3P) Staff |
|-------------------|--------------------------------|------------|
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CCFFH without evidence of having initiated/maintained a Sign In/Out Sheet.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

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

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

Comment:

(3P)(b)(1)Fire- CCFFH without a monthly fire drills completed for the months of October 2024, November 2024, and from March 2025 thru July 2025.

(3P)(b)(4)Fire- CCFFH's smoke detector was not functioning when tested during survey/inspection.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 with a video surveillance camera inside the bedroom and other areas of the home- ie. kitchen, living room, etc. No consent present from client nor from client's POA.

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Records

[11-800-54]

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

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)(2)- Client #1's Service Plan lapsed on 4/13/25 and no current service plan was present in client's chart.

54.(c)(6)- No monthly RN Visit Summary present for Client #1 for the month of January 2025 thru June 2025.

Maibei Nakamine, RN 8/6/25
Compliance Manager Date
cheltz 8/6/25
Primary Care Giver Date