

Foster Family Home - Deficiency Report

Provider ID: 2-200032

Home Name: Carmela Santiago, CNA

Review ID: 2-200032-11

16-1331 Pohaku Circle

Reviewer: Maribel Nakamine

Kea'au HI 96749

Begin Date: 8/26/2025

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of corrections due to CTA within 30 days of inspection (issued on 8/26/25).

6.d.1- Client #1 without an 1147 in chart/records.

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;

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

Comment:

8.(a)(1)- No sex offender search results present for CG#1, CG#2, HHM#1, HHM#2, and HHM#3.

8.(a)(1), (2)- HHM#1 and HHM#2's APS/CAN/eCRIM lapsed on 9/7/23 and was not renewed until 6/28/24.

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

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

41.(b)(7)- CG#1's current TB clearance result was not documented on a department approved form.

41.(g)- CG#2 without the basic skills check completed for Client #1.

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 a Sign In/Out form initiated nor maintained.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(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

Comment:

(3P)(b)(2)Fire- CCFFH's without variations of fire drill times- missing morning & nighttime. All fire drills conducted for the past 12 months were timed from 4:00pm- 5:30pm.

(3P)(b)(4)Fire- CCFFH without a working smoke detectors.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- No non-slip surface present in clients' bathroom shower.

49.(a)(5)- CCFFH without a fire extinguisher.

49.(c)(3)- Client #1, Client #2, and Client #3's window latches were broken- unable to open/close the jalousies; also window sills/screens were dusty.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

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 #1, Client #2, and Client #3's bedroom doorknobs were without locks from the inside for clients' privacy.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

Comment:

54.(a)(1)- CCFFH's Emergency/Evacuation map did not reflect current structure of the home.

54.(c)(2)- Client #1's Service Plans dated 4/30/25 and 10/31/24 were missing the Client/POA's signatures. Client #2's Service Plan dated 6/16/25 was missing the Client/POA's signature.

Maibet Nakamine, RN 8/26/25
Compliance Manager .
Primary Care Giver
Date 8/26/25