

# Foster Family Home - Deficiency Report

**Provider ID:** 1-110078

**Home Name:** Jane Fernandez, CNA

**Review ID:** 1-110078-23

94-1205 Lumikula Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/14/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/14/2025 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;

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) Fingerprint was overdue for CG#4. Fingerprint was due on or before 5/23/2025 and was not present in the CCFFH file.

8(a)(2) APS/CAN checks were lapsed for CG#1, #2, and #3.

CG#1 APS/CAN was due on or before 9/21/2024 and was completed on 2/25/2025.

CG#2 and CG#3 APS/CAN was due on or before 9/21/2024 and was completed on 3/24/2025.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#5.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. Expired on 10/12/2024 and no current TB clearance present in file.

41.(b)(8)

CCFFH did not have evidence of current First Aid training for CG#3 and CG#5. FA training are not present in the file. CFFH did not have evidence of current BloodBorne Pathogen training for CG#4. BBP/IC training expired on 5/1/2025, and no new currently on file.

## 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 CG#5.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Terri Van Houten RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Jane Fernandez

(PLEASE PRINT)

CCFFH Address: 94-1205 lumikula street Waipahu, Hawaii 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Obtained fingerprint for CG#4	8/30/2025	-PCG will create spreadsheet of list of required forms and their due data and remind CGs of need to renew in advance.
8(a)(2)	APS/CNA is obtained by caregivers.	8/30/2025	-PCG will create spreadsheet of list of required forms, and their due dates and remind CGs of need to renew APS/CNA in advance. PCG will not hire substitute CG who are noncompliant with requirements.
16.(b)(5)	Provided training on confidentiality policies and procedures and client privacy rights was provided to CG#5	8/30/2025	-PCG will provide training of policies and procedures and clients privacy rights requirements for CG immediately when getting added.
41.(b)(7)	TB clearance obtained by CG#3	8/30/2025	-PCG will create a spreadsheet of all SCG required forms/due dates and remind CG of need to renew
41.(b)(8)	Obtained current First Aid training for CG#3 and CG#5. FA training are not present in the file. Obtained current BloodBorne Pathogen training for CG#4	8/30/2025	-PCG will let SCG all know in advance when forms need to be renew. PCG will not hire substitute CG who are non compliant with requirements.
43.(c)(3)	RN delegation present for Client #1 for CG#4 and CG#5.	8/30/2025	-PCG will create a spreadsheet of documents that's needs to signed by all CGs.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/01/2025

☒ CTA has reviewed all corrected items