

Foster Family Home - Deficiency Report

Provider ID: 1-220086

Home Name: Jeanette Sibayan, CNA

Review ID: 1-220086-8

94-1043 Hiapo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/19/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by within 30 days of inspection (inspection date: 8/19/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1, client #2, and client #3.

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 evidence present in CCFFH records of confidentiality/privacy training was completed for CG#3 and CG#4.

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)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry check completed for CG#1.

41.(b)(4): No evidence present in CCFFH records of updated primary caregiver disclosure form for CG#1. CCFFH moved and there was a change of household member composition since last updated disclosure form.

No evidence present in CCFFH records of substitute caregiver disclosure completed for CG#3 and CG#4.

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: No documentation present in CCFFH records of caregiver sign-in and out sheet.

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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 evidence present in client records of any RN delegations were given by client #1 and #2's case management agency for CG#3 and CG#4.

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 any fire drills were conducted at night in the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #3.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): No evidence present in CCFFH records of current automobile insurance statement. CTA unable to verify if CG#1's insurance met minimum \$100,000 bodily injury damage per person and \$30,000 property damage.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH current budget or fiscal records (i.e., bank statement) present to show facility's resources.

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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)(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)(2): No documentation present in client records of current complete service plan for client #2 and client #3. Last complete service plan present in client #2's chart dated 3/7/2024 and 11/08/2024 for client #3. Only the first page of client #3's service plan dated 5/08/2025 was present in client records and CTA unable to review most recent service plan.

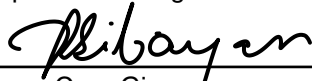
54.(c)(5): Vitamin D3 50mcg by mouth daily was not listed in client #1's medication administrative record (MAR).

Discrepancy noted in client #2's MAR compared to physician orders/medication label. Memantine's physician order was 10mg 1 tablet by mouth twice a day but in MAR it was listed as 5mg 1 tablet by mouth twice a day. CCFFH had supply of Vitamin D3 25mcg on hand but order on client's MAR stated Calcium + Vitamin D3 chewable.

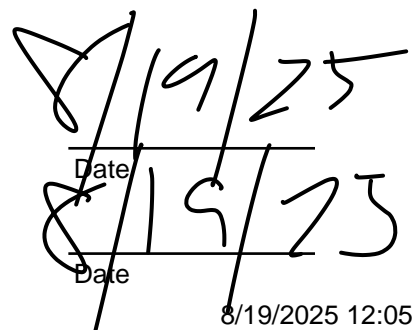
54.(c)(5)(6): No evidence present in client records of daily documentation for client #1, client #2, and client #3. Last dated documentation for client #1 was 8/14/2025, client #2 was 8/15/2025 in client's MAR and skilled nursing checklist was 8/13/2025, client #3 was 8/13/2025 in client's MAR and skilled nursing checklist was 8/07/2025.



Compliance Manager



Primary Care Giver



Date

Date