

Foster Family Home - Deficiency Report

Provider ID: 1-240087

Home Name: Joan Shalinor Mariano, CNA Review ID: 1-240087-3
94-963 Kaaholo Street Reviewer: Po Lim
Waipahu HI 96797 Begin Date: 8/19/2025

Foster Family Home

Required Certificate

[11-800-6]

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.

Client #2 has expired Form 1147 on 5/14/2025.

Deficiency Report issued during CCFFH inspection via email on 8/19/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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Background Checks

[11-800-8]

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Fingerprints for CG#2 was not present in the file.

8(a)(2) APS/CAN checks were overdue for CG#3.

APS/CAN was due on or before 4/13/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#3.

State Name Check (eCrim) was due on or before 3/16/2025 and was not present in the CCFFH file.

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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#2 and CG# 3.

CG#2 TB was due on/before 6/19/2025 and was not done.

CG#3 TB was due on/before 7/17/2025 and was not done.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#4. It was due on/before 8/1/2025.

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Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

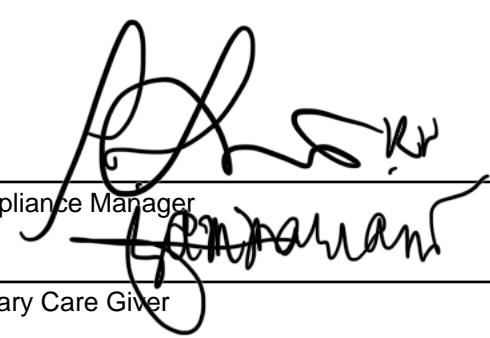
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

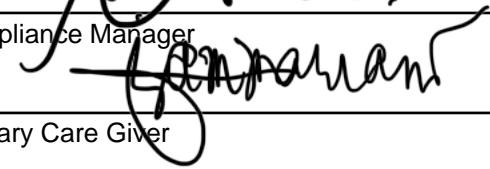
Comment:

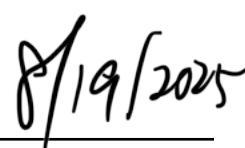
54(c)(5) Client#2 MAR was not documented daily. Sheet not completed from 8/14/25 to 8/18/25.

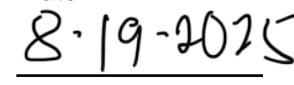
54(c)(6) No ADL flow sheet present for Client#2 for August 2025.

Client#2 did not have evidence of RN monthly visit notes for May, June, and July of /2025.


Compliance Manager


Primary Care Giver


Date


Date