

Foster Family Home - Deficiency Report

Provider ID: 1-590308

Home Name: Jocelyn Lomboya, CNA

Review ID: 1-590308-19

207 Kilani Place

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 8/21/2025

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 2 bed re-certification inspection.

Client#2 has an expired Form 1147 on 12/8/2024.

Deficiency Report issued during CCFFH inspection via email on 8/21/2025 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;

Comment:

8.(a)(1) Fingerprint/ background check was not present on file for HHM#2.
Sex Offender check are not present for CG#1, CG#2, and HHM#2.

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 HHM#2.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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).	
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.	
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.	
41.(e)	The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.	

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1.

41.b.4. No current disclosure form present for CG#1. HHM#2 has been living in the home for over a month.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and HHM#2. CG#1 TB clearance expired and was due on/before 9/12/2024.
HHM#2 did not have a TB clearance present.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1 and CG#2. CG#1 was due on/before 9/5/2024. CG#2 was due on/before 8/29/2024.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 8 hours of in-service training, but had only ZERO hours attended in 2024.

41.e. CG#2 SCG approval form is not present in the file.

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.	
46.(b)(2)	All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.	

Comment:

46.(a) - Last fire drill present in record was documented on 12/2/2023. No fire drill documentation present for January 2024 through July 2025.

46.(b)(2)- CG#1 and CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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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 current service plan present for Client#2. Last one in record is dated 7/31/2024.

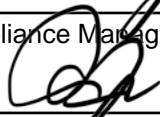
54(c)(5) MAR was not documented daily for Client #1 and #2. Sheet not completed on 8/20/2025.

54(c)(6) ADL flowsheet was not documented daily for Client #1 and #2. Sheet not completed on 8/20/2025.

Client # 1 did not have evidence of RN monthly visit notes from 8/2024 through 1/2025.

Client # 2 did not have evidence of RN monthly visit notes from 7/24, 8/24, 10/24, 12/24, and 1/2025 through 7/2025.


Compliance Manager


Primary Care Giver


Date


Date