

Foster Family Home - Deficiency Report

Provider ID: 1-250035

Home Name: Allen Jay Nerveza, NA

Review ID: 1-250035-3

91-1356 Imelda Street

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 1/8/2026

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/8/26).

Foster Family Home Personnel and Staffing [11-800-41]

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.(g)- No basic skills checklist present for CG#3 for Client #1.

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 delegations present on Oral and subcutaneous medications administration for CG#3 on Client #1.

Foster Family Home Fire Safety [11-800-46]

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

Comment:

46.(b)(2)- CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

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Foster Family Home

Records

[11-800-54]

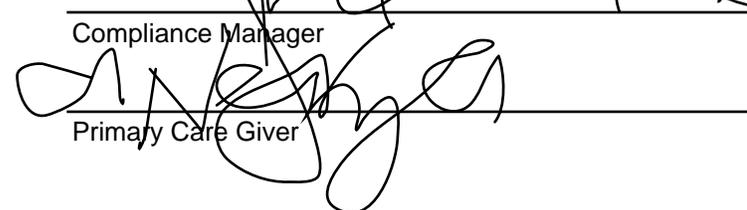
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Client #2's Medication Administration Record (MAR) for the month of July 2025 was incomplete- not signed on 7/31/25; August 2025 MAR was incomplete- not signed on 8/31/25; and October 2025 MAR was incomplete- not signed on 10/31/25.



Compliance Manager



Primary Care Giver

Date ^{1/8/26} _____
1/5/26
Date