

# Foster Family Home - Deficiency Report

Provider ID: 1-140076

Home Name: Emil Novesteras Jr., CNA

Review ID: 1-140076-17

94-277 Paiwa Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/24/2025

## 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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 9/24/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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) Second Fingerprint/ background check is not present for for HHM#2, was due on/before 10/27/2022.

8(c) State Name Check (eCrim) was overdue for HHM#3. State Name Check (eCrim) was due on or before 9/17/2024 and is not present in the CCFFH file.

## Foster Family Home Information Confidentiality [11-800-16]

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#4.

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Personnel and Staffing**

**[11-800-41]**

- 41.(a)(2) Be a NA, an LPN, or RN;

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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- 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.

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- 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(a)(2) CNA Prometric registry check are not present for CG#1, #2, and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, and #3.  
 CG# 1 TB clearance expired, and was due on/before 5/4/2025.  
 CG# 2 TB clearance expired, and was due on/before 2/22/2025.  
 CG# 3 TB clearance is not present, unable to confirm TB clearance.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2. It was due on/before 1/19/2025.  
 CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, #2, #3, and #4.  
 CG#1 was due on/before 8/1/2025.  
 CG#2 was due on/before 8/3/2025.  
 CG#3 was due on/before 1/6/2024.  
 CG#4 was lapsed and was due on/before 12/8/2024 and renew on 1/3/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, and #3.  
 CG#1 and CG#3 requires 12 hours of in-service training, but had only 10 hours attended in 2024.  
 CG#4 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

41.g. No basic skills check present in record for CG#4.

**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, #2, and #3 for CG#3.

# Foster Family Home - Deficiency Report

**3 Person Fire Safety,  
Natural Disaster**

**3 Person Fire Safety**

**(3P) Fire**

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#3 and #4 did not conduct a fire drill in the past 12 months.

**Foster Family Home**

**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)(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:

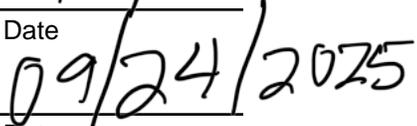
54(c)(2) No current signature from the POA service plan present for Client#1.

54(c)(6) Client#1 did not have evidence of RN monthly visit notes from 4/1/2024 through 9/2025.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date