

Foster Family Home - Deficiency Report

Provider ID: 2-190004

Home Name: Gemma Fernandez, CNA

Review ID: 2-190004-14

16-1527 37th Avenue,
Orchidland

Reviewer: Ryan Nakamura

Kea'au HI 96749

Begin Date: 9/30/2025

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 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: 9/30/2025).

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.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1): Evidence present in CCFFH records of lapse of ecrim background check for CG#2. Background check was due by 10/19/2024 and completed 3/14/2025.

No evidence present in CCFFH records of current ecrim background check for CG#4. Background check was due by 9/04/2025.

8.(a)(2): Evidence present in CCFFH records of lapse of APS/CAN clearance for CG#2. Clearance was due by 11/01/2024 and completed 3/21/2025.

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric Registry check for CG#4.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: No evidence present in CCFFH records of 1 year work experience for CG#4.

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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 RN delegations for wound care by client #3's case management agency for all caregivers.

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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): No evidence present in CCFFH records of fire drills were conducted different times of the day. All fire drills were conducted in the morning.

46.(b)(2): No evidence present of CG#4 conducted a fire drill in the past 12 months.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): Evidence present in CCFFH records of CG#1's current automobile insurance did not meet minimum requirements of \$100,000 bodily injury damage per person.

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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)(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 evidence of client #1's current service plan addressing client's high risk of elopement. Client eloped from CCFFH on 8/31/2025.

No evidence of client #2's current service plan addressed client receiving hospice services.

54.(c)(6): No evidence present in client records of monthly visits conducted by client's case management agency in month of 3/2025 for client #2 and 2/2025 to 4/2025 for client #3.



Compliance Manager



Primary Care Giver

9/30/25

Date

9/30/25

Date