Foster Family Home - Deficiency Report

Provider ID:	**1-240028**		
Home Name:	**Geraldine Flores, NA**	**Review ID:**	**1-240028-6**
1351 Noelani Street		Reviewer:	Maribel Nakamine
Pearl City HI 96782		Begin Date:	1/28/2026

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 emailed with plan of correction due to CTA within 10 business days of issuance (issued on 2/3/26).

6.d.1- Client #1's current 1147 dated 3/15/25- 3/15/26 without the MD's signature.

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 evidence that CG#1 provided the confidentiality policies and procedures and client privacy rights training to CG#2, CG#3, CG#4, and HHM#2.

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

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)(5)	Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
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.(f)	The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and
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.(b)(4)- No Substitute Disclosure Form completed by CG#4.
41.(b)(5)- CG#2's ID expired on 6/11/25 and CG#3's ID expired on 9/14/25 (per CG#1, both CG#2 and CG#3 are currently working with their lawyer to renew IDs). CG#1 to send a verification letter from CG#2 and CG#3's attorney with the plan of correction (POC).
41.(b)(8)- CG#4 without evidence of having a Bloodborne pathogen and infection control training.
41.(f), (f)(1)- HHM#2's TB clearance expired on 5/3/25 and no current document was present.
41.(c)- CG#1 was short of 6 hours of the required 12 hours of annual in services for the year 2025. CG#4 without any hours of annual in services for the year 2025.
41.(g)- No basic skills checks present/completed by CG#2 and CG#4 for Client #1. HHM#2 without an SCG CTA Approval was provided the basic skills checks 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)- CG#2 and CG#4 without the RN delegations on Oral Medication Administration for Client #1. HHM#2 (without SCG CTA approval) was provided the RN delegation (oral Medication Administration) for Client #1.

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 in Client #1's chart/records.

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Foster Family Home	Physical Environment	[11-800-49]

49.(a)(3)	A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3)- Part of the CCFFH's kitchen/dining area with a makeshift bedroom occupied by HHM#2.

Foster Family Home	Quality Assurance	[11-800-50]

50.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
50.(b)	Adverse events shall be reported
50.(b)(1)	A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and
50.(b)(2)	A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a)- CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.
50.(b), (b)(1), (b)(2)- No Adverse Event report completed for Client #1's change in condition on 12/25/25.

Foster Family Home	Records	[11-800-54]

54.(b)	The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
54.(b)(1)	Permit effective professional review by the case management agency, and the department; and
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.(b)- No signatures of writers/caregivers after each dated entry in Client #1's progress/observation notes.
54.(b)(1)- Client #1 and Client #2's charts were in disarray making them difficult to survey/review.
54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.
Client #1- Olanzapine with a discontinued order by MD on 12/14/25; was not discontinued in the client's Medication Administration Record (MAR).
MAR was last signed on 1/23/26.
Client #2- client's January 2026 MAR was last signed on 1/23/26. Hydrocortisone scheduled daily without signatures from 1/1/26- 1/27/28. Client's MARs from 8/2025 thru December 2025 were incomplete.

Maribel Nakamine, RN 2/3/26

Compliance Manager — Date

Primary Care Giver — Date