

Foster Family Home - Deficiency Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-21

91-1041 Ma Ke Kula Place

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 1/23/2026

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 3-bed recertification inspection.

Deficiency Report emailed to CCFFH on 1/24/26 with plan of correction due to CTA within 10 business days of issuance (1/24/26).

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

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

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 8/2/25 and was renewed on 12/8/25.

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

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

Comment:

41.(b)(7)- CG#3's TB clearance dated 5/26/25 was not documented on DOH approved form.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(a) Fire The home shall have a written plan of evacuation and safe care of the client away from the home in case of a fire, natural disaster or other emergency. The plan shall be:

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(a)Fire- CCFFH without an Emergency Evacuation/Exit Map present.

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months. CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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

- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(5)- CCFFH's fire extinguisher was empty during CCFFH inspection; no other available fire extinguisher was present. **This violation needs to be corrected immediately. A written plan of correction is due by the next day 1/25/26. **
49.(c)(3)- CCFFH with use of propane gas tank connected to portable stove top in the CCFFH's upstairs kitchen. Safety violation due to fire hazard. CTA compliance manager unsure if it's a housing/building code violation. **This violation needs to be corrected immediately. A written plan of correction is due by the next day (1/25/26). **

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:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Client Rights [11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 and Client #3 were in a shared bedroom. No evidence that both clients consented to shared bedroom arrangement.

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.(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.(b)- Client #1 without progress/observation documentations since admission to CCFFH 4/27/23 - present.
54.(c)(2)- Client #1's Service Plans/HAP dated 5/23/25 without the client's signature. Client #2's Service Plan/HAP expired on 10/21/25 and no current document was present. Client #3's Service Plans/HAPs dated 2/17/25 and 8/17/25 without the client/POA's signature.
54.(c)(5)- Client #1's Medication Administration Record (MAR) for February 2025 without signatures from 2/25/25- 2/28/25. MAR for March 2025 without signatures on March 31, 2025.
Client #2's Losartan medication dosage did not match the client's January 2026 MAR; unable to verify dosage with an MD's order (missing).
54.(c)(6)- No RN monthly visit summary for the months of August 2025, September 2025, October 2025, and November 2025 in Client #1's chart/records.

Mairbel Nakamine RN

Compliance Manager

J. Murray
Primary Care Giver

1/24/26

Date

1/24/26

Date