

Foster Family Home - Deficiency Report

Provider ID: 1-626202

Home Name: Jaculino Delos Santos, CNA

Review ID: 1-626202-19

1115 Kukila Place

Reviewer: Ryan Nakamura

Honolulu

HI

96818

Begin Date: 2/9/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/9/2026).

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): Criminal background check was due by 1/19/2026 for CG#2 and CG#3.

8.(a)(2): APS/CAN clearance was due by 1/19/2026 for CG#2 and 12/28/2025 for CG#3.

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 present in CCFFH records of confidentiality policy training completed for HHM#3.

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Personnel and Staffing

[11-800-41]

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

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

- 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)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check for CG#1 and CG#3.
- 41.(b)(7): Evidence of lapse of TB clearance for CG#2. TB clearance was due by 3/21/2025 and completed 1/30/2026. TB clearance was due by 2/19/2025 for CG#3.
- 41.(c): Only 4 hours of in-service training completed present in CCFFH records for CG#1, CG#2, and CG#3.
- 41.(f)(1): TB clearance was due by 12/27/2025 for HHM#3.

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Records

[11-800-54]

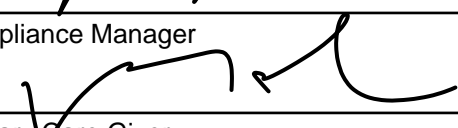
- 54.(c)(5) Medication schedule checklist;

Comment:

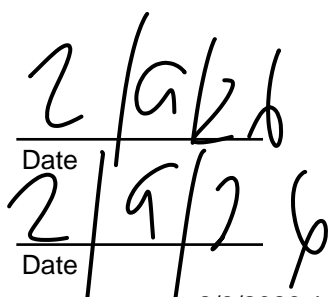
- 54.(c)(5): Sertaline 100 mg 2 tablets by mouth daily was not listed in medication administration record (MAR) for client #1. No documentation present in client records of medication administration.



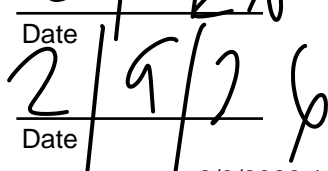
Compliance Manager



Primary Care Giver



Date



Date