

Foster Family Home - Deficiency Report

Provider ID: 1-130017

Home Name: Jenifer Delos Trinos, CNA

Review ID: 1-130017-20

37 Hauola Avenue

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 3/5/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced inspection for a 2 bed CCFFH re-certification.

42.a. Client #1 Form 1147 expired on 4/11/2025.

Client#2 Form 1147 expired on 2/15/2026.

Deficiency Report issued during CCFFH inspection via email on 3/5/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)

Second Fingerprint check is overdue for HHM#4 and HHM#5.

8.(a)(1) Sex Offender check are not present for HHM#5.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#2 and HHM#5.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 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)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 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.

Comment:


41(a)(2) CNA Prometric registry check are not present for CG#1 and #3.

41.b.4. Disclosure form was not up to date for CG#1.

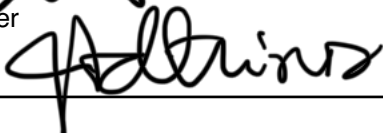
41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for HHM#1, HHM#4, and HHM#5. HHM#1 TB clearance expired, was due on/before 8/30/2025 and was not present in the file. HHM#4 TB clearance expired, was due on/before 4/5/2024 and was not present in the file. HHM#5 TB clearance was not present in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid / Bloodborne Pathogen/Infection control training for CG#3. CG#3 CPR/1st Aid was due on/before 8/20/2025. CG#1, CG#2, and CG#3 BloodBorne Pathogen / Infection Control was expired on 1/2/2026. No renew was in the files.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 8 hours of in-service training, but had only 2 hours attended in 2025.



Compliance Manager



Primary Care Giver

3/5/2026
Date

3/5/2026
Date