

# Foster Family Home - Deficiency Report

Provider ID: 1-160027

Home Name: Jennifer Leah Guillermo, CNA

Review ID: 1-160027-17

94-823 Lumikuke Loop

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 2/4/2026

## 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: 2/4/2026).

CCFFH applied to increase to 3 bed CCFFH.

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

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7): TB clearance was due by 1/12/2026 for CG#3.

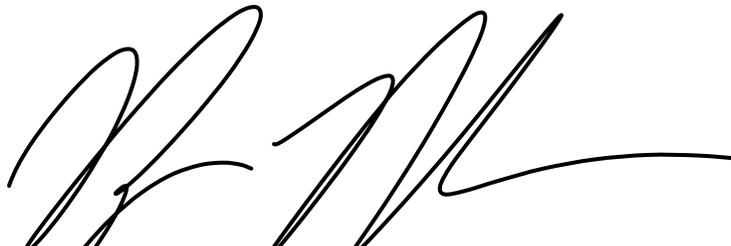
41.(e): CCFFH applied to increase to 3 bed CCFFH. CG#3 is only approved as a 2 bed SCG.

## 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): Belongings that did not belong to client #1 found in client's bedroom.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

2/4/26  
Date

2/4/26  
Date