

Foster Family Home - Deficiency Report

Provider ID: 1-230080

Home Name: Jessa Maeshiro, CNA

Review ID: 1-230080-5

1333 Kaweloka Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/13/2025

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 30 days of inspection (inspection date: 8/13/2025).

CCFFH applied to increase to 3 client bed CCFFH.

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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search for HHM#1.

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 CCFFH's confidentiality/privacy training was completed for HHM#1.

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

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.

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.(e): CCFFH applied to increase to 3 bed CCFFH. CG#2 is not approved as a 3 bed substitute caregiver.

41.(g): No evidence present in client records of basic skills were checked by client #1's case management agency for CG#2 and CG#3.

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3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(3) Staff A current Licensed Practical Nurse license plus one year of experience in a home setting. If the license is expiring within the next 30 days, evidence of a new license must be provided, substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS, or;

Comment:

(3P)(a)(3) Staff: CCFFH applied to increase to 3 client bed CCFFH. No documentation present in CCFFH records of minimum 1 year work experience for CG#2 and CG#4.

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): No evidence present in CCFFH records of RN delegations were given by client #1's case management agency for CG#2 and CG#3.



Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: JESSA MAESTRO
(PLEASE PRINT)

CCFFH Address: 1333 Kaweloka Street Pearl City Hawaii 96782
(PLEASE PRINT)

| Rule Number | Corrective Action Taken - How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy - How will you prevent each violation from happening again in the future? |
|-------------|--|-------------------------------|---|
| 801.1 | Completed a search sex offender on sexoffenders.hawaii.gov. Printed out result and it was placed into CCFFH binder under HFM tab. | 8/16/25 | Home will use a separate binder for all the requirements for HFM. This binder will be used whenever the home PCG adds on a HFM. |
| 16.b.5 | Training for CCFFH confidentiality/privacy training was provided to HFM #1. Record was placed into CCFFH binder. | 8/16/25 | PCG will use a reminder sheet for all the training that needs to be completed by all new SCG's and HFM. This reminder sheet was placed into a reminder binder. |
| 41.e | PCG submitted the required documents to [redacted] for CG #2 for the approval for 3 [redacted] as a substitute caregiver. [redacted] approved CG #2 as a substitute caregiver. approval letter was placed into CCFFH binder under SCG #2 tab | 9/5/25 | PCG will use the reminder binder to review required documents whenever PCG plans to get SCG approve for the 3 bed. |
| 41.g | Basic skills checklist was done for CG #2 and CG #3 by the client's CMA. It was placed into client's record. | 8/28/25 | PCG will notify the client's CMA and SCG's that basic skills checklist needs to be done on the day of admission or whenever I have a new [redacted] approved caregiver. |
| 3P.c.3 | CG #2 and CG #3's records of 1 year of work experience was completed and submitted to [redacted]. Records was placed into CCFFH binder. | 8/17/25 | PCG will notify SCG's that 1 year of work experience is required and will put this as one of the reminder on the reminder binder. |
| 4B.c.3 | RN delegation was done for CG #2 and CG #3 by the client's CMA. It was placed into the client's record. | 8/28/25 | CCFFH will notify the client's CMA that RN delegation needs to be done on the day of admission or whenever PCG has a new approved CMA caregiver. |

All items that were corrected are attached to this POC

PCG's Signature: Jessa Maestro

Date: 9/8/25

CTA has reviewed all corrected items