

Foster Family Home - Deficiency Report

Provider ID: 1-240016

Home Name: Juliet Uson, NA

Review ID: 1-240016-7

1051 A Kopke Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 1/6/2026

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 30 days of inspection (inspection date: 1/6/2026).

6.(d)(1): 1147 assessment present in client records expired for client #1 and client #2.

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)(2): No evidence present in CCFFH records of initial set of background checks for CG#4.

8.(a)(1)(2): No evidence present in CCFFH records of 2nd set of background checks for HHM#2.

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 training for CG#6.

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Personnel and Staffing

[11-800-41]

- 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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 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.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#6.
- 41.(b)(7): TB clearance was due by 6/01/2026 for CG#3.
- 41.(b)(8): No evidence present in CCFFH records of CPR/first aid and bloodborne pathogen training completed for CG#6.
- 41.(f)(1): TB clearance was due by 5/30/2025 for HHM minor.
- 41.(g): No evidence present of basic caregiver skills were checked by client #1 or #2's case management agency for CG#6.

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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 RN delegations present for client #1 and #2 for CG#6.

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Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

- 46.(a): No evidence present in CCFFH records of fire drills conducted in months of 11/2025 and 12/2025.

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Medication and Nutrition

[11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

- 47.(c): No list of side effects for current medications for client #1 and #2.

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

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(b)(2): No evidence present in client records of written agreement of living in shared bedroom signed by POA for client #1 and #2.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): Automobile insurance present in CCFFH records expired 3/07/2025.

Foster Family Home Fiscal Requirements [11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52 (a)(b)(c) No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

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):Federal regulations require client bedrooms and bathroom doors to be able to be locked only from the inside by the client for privacy. There are no locks present on client bathroom door. Shared client bedroom unable to close due to large dumbbell blocked door from closing safely.

Foster Family Home Records [11-800-54]

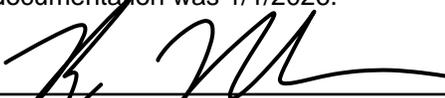
- 54.(a)(3) A list of applicable community resources.
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(6) Daily documentation of the provision of services through personal 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:

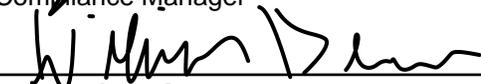
54.(a)(3): No community resource list/book present nor did CCFFH have electronic access to one.

54.(c)(2): Last service plan present in client #1's record dated 4/14/2025 and new service plan was due by 9/14/2025.

54.(c)(5)(6): No daily documentation present in medication administration and ADL/skilled nursing checklist for client #1 and #2. Last dated documentation was 1/1/2026.



Compliance Manager



Primary Care Giver

1/6/26

Date

1/6/26

Date