

# Foster Family Home - Deficiency Report

Provider ID: 2-509705

Home Name: Julita Rivera, CNA

Review ID: 2-509705-18

812 Iolani Street

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 2/27/2026

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 2/27/2026)

## 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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry searches completed for CG#2, CG#3, CG#5, CG#6.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(2): No evidence present in CCFFH records Prometric CNA registry check for all caregivers.

41.(b)(8): Bloodborne pathogen training was due by 2/04/2026 for CG#4.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No documentation present in CCFFH records of caregiver sign-in and out log in the past 12 months. Evidence CG#1 left out of country during 11/2025 and 12/2025.

## 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 client records of RN delegations given for client #2 and #3 for CG#3.

No evidence present in client records of RN delegations given for nasal spray medication administration for client #2 and rectal suppository and nebulizer medication administration and oral suctioning for client #3 for all caregivers.

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Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

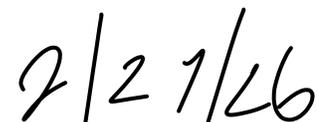
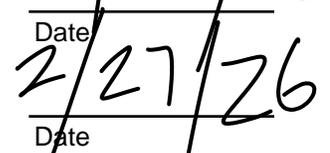
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(a)(1): Discrepancy noted in CCFFH's evacuation map compared to current physical layout. Portion of home including one client bedroom and caregiver bedroom not found on map.

54.(c)(6): No evidence present in client records of case management agency RN/SW monthly visit summaries for 12/2025 and 1/2026.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date