

# Foster Family Home - Deficiency Report

**Provider ID:** 1-130021

**Home Name:** Maricel Mendoza, CNA

**Review ID:** 1-130021-10

99-122 Ohiakea Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 1/7/2026

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

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Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Client#2 form 1147 expired 11/13/2025, and no updated form in the file.

Deficiency Report issued during CCFFH inspection via email on 1/7/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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Comment:

8.(a)(1)  
Second Fingerprint check was overdue for CG#1, was due on/before 3/30/2024.

Second Fingerprint check was not present in the file for HHM#1.

Sex Offender check are not present for CG#3 and HHM#1.

# Foster Family Home - Deficiency Report

**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.
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.
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41(a)(2) Unlisted CG (NA for 2 beds) is not approved to work in a 3 beds CCFFH. Unapproved CG is not allowed to work in a CCFFH.

CG#1 CNA license is not present in the file.

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

41.b.4 No disclosure form present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#2, and HHM#1. CG#1 TB clearance expired, was due on/before 8/12/2025 and was not present in the file. CG#2 TB clearance expired, was due on/before 6/17/2025 and was not present in the file. HHM#1 TB clearance not present in the file.

41.(b)(8) 2nd DEFICIENCY: CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1. It was due on/before 1/2/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, and #3. CG#1, #2, and #3 requires 12 hours of in-service training, but had ZERO hours attended in 2025.

41.g. No basic skills check present in record for CG#2 for client#1.

41.(h) No CG approval form present for CG #2.

# Foster Family Home - Deficiency Report

## 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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week.

## 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 RN delegation present for Client #1 for CG#2.  
Not Approved caregiver (B.M.) was listed for RN delegation for Client#1.

## Foster Family Home

## Grievance

[11-800-45]

45.(3)      Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(3) There was no evidence that the CCFFH's Grievance Policy was provided to the Client/POA in Client#2 file.

## Foster Family Home

## 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. Fire extinguisher is not present in the CCFFH.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1)      General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 10/9/2025.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

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.

Comment:

52.(b) - No fiscal records present for 2025.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(2) Have the right to reside in the home of the client's choice;

Comment:

53.b.1. No client/representative signature present for Client #2.

53.b.2. No client/representative document the right of residential choice.

## Foster Family Home

## Records

[11-800-54]

54.(a)(3) A list of applicable community resources.

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(3) Current copies of the client's physician's orders;

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;

54.(c)(8) Personal inventory.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

54(b)(1) Client#2 binders were in disarray inhibiting the compliance manager's effective review.

54(c)(3) Client#2 doctor orders were not present in the file.

54(c)(5) No MAR present for January 2026 for Client#2.

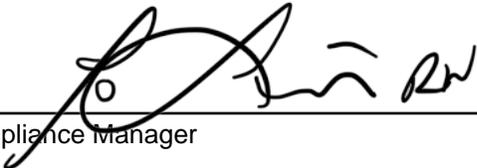
Client#2 MAR was not documented daily. Sheet not completed from 12/26/25 to 12/31/25.

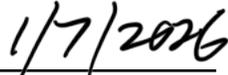
54(c)(6) No ADL/Vitals flow sheet present for Client#1 for December 2025.

ADL/Vitals flowsheet was not documented daily. Client#2 sheet was not completed from 12/10/25 to 12/31/25.

Client #2 did not have evidence of RN monthly visit notes for October 2025 through December 2025.

54(c)(8) Client#2 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
Compliance Manager

  
Date

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Primary Care Giver

\_\_\_\_\_  
Date