

Foster Family Home - Deficiency Report

Provider ID: 1-240034

Home Name: Precious Joy Diego, RN

Review ID: 1-240034-5

94-1134 Kahuahale Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/27/2026

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 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: 1/27/2026).

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;

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 any sets of APS/CAN/criminal background and sex offender checks completed for CG#7.

No evidence present in CCFFH records of sex offender search completed for CG#4 and CG#6.

Evidence of lapse of 2nd set of background checks for HHM#2 and HHM#3. 2nd set of background checks were due by 5/16/2025 and completed 6/18/2025 for HHM#2 and 6/16/2025 for HHM#3.

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 confidentiality policy trained for CG#4, CG#6, and CG#7.

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

Comment:

41.(b)(7): TB clearance no signed by MD/APRN/NP/DO and not documented on state approved document for CG#4.

TB clearance was due by 9/7/2025 for CG#6.

41.(b)(8): First aid/CPR training present in CCFFH records expired 11/06/2025 for CG#4, 5/30/2025 for CG#6.

CPR training present in CCFFH records expired 12/31/2025 for CG#7. No prior first aid training present for CG#7.

No evidence of current bloodborne pathogen training for CG#4, CG#6, and CG#7. Bloodborne pathogen training was due by 4/24/2025 for CG#6 and 1/2/2026 for CG#7. No prior training present in records for CG#4.

41.(c): No evidence of any hours of in-service training hours completed in 2025 for CG#2, CG#4, CG#5, CG#6, and CG#7.

Foster Family Home	Fire Safety	[11-800-46]
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- 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 at CCFFH for months of 6/2025 to 12/2025.

Foster Family Home	Quality Assurance	[11-800-50]
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- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#4, CG#6, and CG#7.

Foster Family Home	Insurance Requirements	[11-800-51]
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- 51.(a)(1) General;

Comment:

51.(a)(1): CG#4, CG#6, and CG#7 not included in CCFFH's current liability insurance.

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Records

[11-800-54]

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.(c)(5): Ferrous sulfate not listed in client #2's medication administration record. No documentation present of medication was administered.

54.(c)(5)(6): No documentation present in client records of medication administration and ADL/skilled nursing checklist from 1/5/2026 to 1/11/2026 and 1/24/2026 to 1/27/2026 for client #1 and client #2.

No documentation present of medication administration from 12/28/2025 to 12/31/2025, 7/12/2025 to 7/13/2025, and 7/09/2025 for client #1,



Compliance Manager



Primary Care Giver

1/27/26

Date

1/27/26

Date

1/27/2026 11:01:42 AM