

# Foster Family Home - Deficiency Report

**Provider ID:** 1-160068

**Home Name:** Rubylyn Fiesta, CNA

**Review ID:** 1-160068-22

94-1094 Kuhaulua Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/17/2026

## 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 with 10 business days of inspection (inspection date: 2/17/2026).

## 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 search completed for CG#1.

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check for CG#1 and CG#3.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(1) Be appropriate to the age and condition of the client and provided in a homelike environment;

Comment:

43.(c)(1): No running hot or cold water noted in client's bathroom sink. Unable to wash hands in client's bathroom and client would need to go to kitchen sink to wash hands.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(c) Fire: CG#1 present at CCFFH with 2 bedbound clients unable to transfer themselves unable to provide a designated person available at all times capable of evacuating a bedbound client.

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Screen windows missing in CCFFH's living room and dining area and bugs and pests can enter the CCFFH.

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

51.(a)(2) Automobile; and

Comment:

51.(a)(1): CG#1's current automobile insurance coverage is only \$20,000 bodily injury per person and \$25,000 property damage coverage.

## 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;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(9): No evidence present in client records of written consent/acknowledgment signed by client or client's POA of use of camera/monitor in common areas for client #1 and #3.

## Foster Family Home 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;

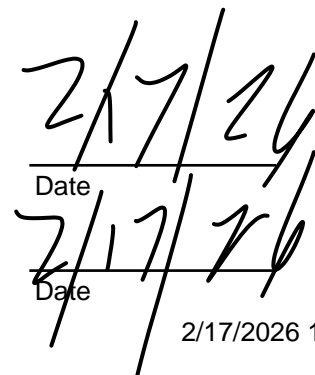
54.(c)(8) Personal inventory.

Comment:

54.(c)(5)(6): No daily documentation of medication and ADL/skilled nursing checklist present in client records from 2/1/2026 to 2/17/2026 for client #1, #2, and #3.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1.

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

  
\_\_\_\_\_  
Date  
2/17/26  
\_\_\_\_\_  
Date  
2/17/26