

Foster Family Home - Deficiency Report

Provider ID: 1-240097

Home Name: Schlitz Yu Jenkins, NA

Review ID: 1-240097-5

2015 Ala Mahamoe Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 9/22/2025

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/22/25).

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)- CG#1's APS/CAN lapsed on 7/29/25 and was not renewed until 9/15/25. CG#3 and CG#4 were without any Fingerprint results. CG#3 without a current eCrim result. HHM#1 without an APS/CAN/Fingerprint result.

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 confidentiality policies and procedures and client privacy rights training present for CG#3, CG#4, and HHM#1.

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

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)- CG#3 and CG#4 were without the Substitute Caregiver Disclosure form completed.

41.(b)(8)- CG#1's First Aid certification lapsed on 3/21/25 and no current certificate was present. CG#4's blood borne pathogen and infection control certificate lapsed on 7/16/25 and no current training certificate was present.

41.(g)- No basic skills checks completed for CG#3 and CG#4 for Client #1.

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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 delegations present on Oral/Topical Medications Administration and Oxygen Administration for CG#3 and CG#4 on Client #1. CG#3 and CG#4 also were without RN delegations for Oral Medications Administration on Client #2.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- CCFFH's last monthly fire drill was on 1/1/25. CG#3 and CG#4 were without evidence of having conducted a monthly fire for the CCFFH.

Foster Family Home Quality Assurance [11-800-50]

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)- No Emergency Preparedness Plan present; CG#3 and CG#4 were without evidence of having been trained with the CCFFH Emergency Preparedness Plan.

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)- Client #1 with a video surveillance monitoring device inside the bedroom. No consent present.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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.(b)- No caregiver's progress/observation notes present in Client #1's chart from date of admission (4/17/25) until 9/21/25.

54.(c)(5)- Client #1's Medication Administration Record(MAR) for the month of August 2025 was incomplete- no signatures from 8/1/25-8/31/25. September 2025's MAR was last signed on 9/16/25. Chloroquine Phosphate without signatures from 9/1/25-9/21/25. Gabapentin was missing signatures from 9/2/25-9/5/25; 9/7/25-9/9/25; 9/11/25-9/15/25; and 9/17/25-9/21/25. Tylenol medication's label dosage did not match the MD's order and the client's MAR.

54.(c)(6)- Client #1 without an ADL Flowsheet from April 2025- September 2025. No Vital Signs Recorded from 5/1/25-9/21/25.

Maribel Nakamine, RN 9/22/25
Compliance Manager Date

[Signature] 9/22/25
Primary Care Giver Date