

Foster Family Home - Deficiency Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-19

1344 Hoolaulea Street Unit A

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 11/6/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/06/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1 and client #3.

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 search for CG#1 and CG#7.

8.(a)(1): No evidence present in CCFFH records of criminal background check for CG#2. Background check was due by 8/18/2025.

8.(a)(2): No evidence present in CCFFH records of APS/CAN clearance for CG#2. Clearance was due by 8/18/2025.

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 CCFFH's confidentiality/privacy training completed by CG#7.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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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)(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 of CNA prometric registry check for CG#1.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form for CG#7.

41.(b)(8): Evidence of lapse of CPR/first training present in CCFFH records for CG#2. Training was due by 5/12/2024 and completed 6/9/2024.

No evidence present in CCFFH records of current first aid/CPR and bloodborne pathogen training for CG#1 and bloodborne pathogen training for CG#7. First aid/CPR training was due 10/06/2025 and bloodborne pathogen training was due by 1/4/2025. No prior training present in records for CG#7.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

(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)(a)(4) Staff: No evidence present in CCFFH records of minimum 1 year work experience for CG#7.

3P)(b)(2) Staff: CCFFH has not been using any 3 person CCFFH Sign Out sheets to track the hours the PCG is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.

Foster Family Home	Client Care and Services	[11-800-43]
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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 by client #3's case management agency for CG#2, CG#4, 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 in months of 11/2024 and 12/2024.

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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:
- 50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:
- 50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

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

50.e The CCFFH has a locked gate at the sidewalk that lacks a communication method to inside the CCFFH for quick access into the CCFFH by visitors.

50.(e)(1): Personnel and client charts are in disarray. CTA unable to conduct effective review of records due to records in multiple locations and CCFFH had difficulty finding records.

Foster Family Home

Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 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.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c):52 (a)(b)(c) No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

Foster Family Home

Records

[11-800-54]

- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(8) Personal inventory.

Comment:


54.(c)(2): No evidence present in CCFFH records of current service plan for client #3. Last service present in records dated 9/10/2024.

No signature present by client/POA for client #2's current service plan.

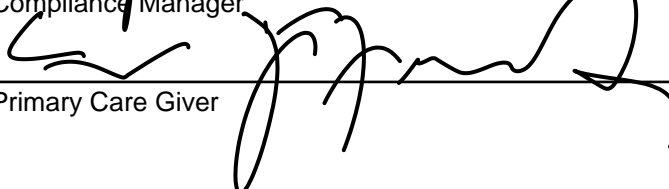
54.(c)(5): No documentation present in client #3's medication administration record (MAR) of Atorvastatin, Omeprazole, and Cefpodoxime.

54.(c)(5)(6): No evidence of daily documentation present in client records of medication administration and ADL/skilled nursing checklist for client #1, #2, and #3. No documentation of medication administration since 9/3/2025 and ADL/skilled nursing checklist since 6/30/2025, from 5/22/2025 to 5/31/2025, 2/1/2025 to 2/28/2025, and 1/1/2025 to 1/31/2025 for client #1. No documentation of medication administration since 10/30/2025 and ADL/skilled nursing checklist since from since 11/01/2025, from 5/22/2025 to 6/30/2025, and 1/1/2025 to 1/31/2025 for client #2. No documentation of medication administration from 9/1/2025 to 9/30/2025/20and ADL/skilled nursing checklist from 9/1/2025 to 9/30/2025 for client #3.

54.(e): No documentation present in CCFFH records of inventory of personal belongings for client #1 and client #3.



Compliance Manager



Primary Care Giver

11/6/25

Date

11/9/25

Date