

Foster Family Home - Deficiency Report

Provider ID: 1-170021

Home Name: Steeven Pineda, CNA

Review ID: 1-170021-17

94-593 Pilimai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/12/2026

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 visit made for a 3 bed re-certification inspection.

Client#2 Form 1147 has expired, expiration date was 6/10/2025.

Deficiency Report issued during CCFFH inspection via email on 1/12/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Fingerprint was lapsed for CG#4. Fingerprint was due on or before 3/7/2025 and was completed on 12/1/2025.

8(a)(2) APS/CAN checks were lapsed for CG#2.

APS/CAN was due on or before 2/23/2025 and was completed on 9/25/2025.

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

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) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and HHM#3. CG#3 TB clearance expired, was due on/before 6/7/2025, and no new was in the file. HHM#3 does not have a TB test present on file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4. It was due on/before 12/11/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #3, and #4.

CG#1, #3, and #4 requires 12 hours of in-service training, but they all had only 4 hours attended in 2025.

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3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted to included each CG at least once per year.

CG#3 and CG#4 did not conducted a fire drill in the past 12 months.

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)(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;

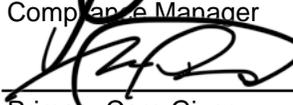
Comment:

54(c)(2) No current signature of client/POA/OPG for the service plan present for Client#1.

No current service plan present for Client#3. Last one in record is dated 11/12/2024.

54(c)(6) Client #3 did not have evidence of RN monthly visit notes from January 23, 2025 through December 2025.



Compliance Manager


Primary Care Giver



Date


Date