

# Foster Family Home - Deficiency Report

Provider ID: 1-240035

Home Name: Trina Cae Emilla Constantino,  
RN

Review ID: 1-240035-5

94-1204 Heahea Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 2/19/2026

## 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 (inspection date: 2/19/2026).

CCFFH has applied to increase to 3 bed CCFFH.

## 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 training completed for CG#3.

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

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(8): Evidence of lapse present in CCFFH records of CPR training for CG#1. CPR training was due by 6/30/2025 and completed 8/28/2025.

41.(e): CCFFH applied to increase to 3 bed CCFFH. CG#2 and CG#3 not approved as 3 bed substitute caregivers.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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.

Comment:

(3P)(a)(4) Staff: CCFFH applied to increase to 3 bed CCFFH. No documentation of work experience of at least one year for CG#2 and CG#3 present in CCFFH records.

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Foster Family Home

Client Care and Services

[11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

3/2025 - 2/19/26 sly.

43.(b): Only a private client was admitted at CCFFH from ~~2/19/2026 to 3/2025~~ per CG#1. No evidence present in CCFFH records of any attempts in that time period in admitting a Medicaid client.

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.

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted 12/2025 and 1/2026.

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): Internal emergency management policy has a signature sheet that is not signed by CG#3.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): CG#3 not listed in CCFFH's general liability insurance present in CCFFH records.

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;

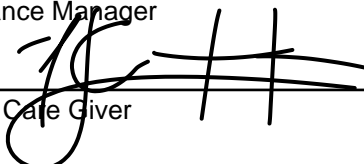
Comment:

54.(c)(2): No signature by client/POA for current service plan present in client #1's records dated 10/21/2025.

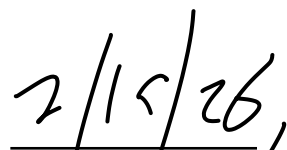
54.(c)(5): No daily documentation of medication administration and ADL/skilled nursing checklist from 2/01/2026 to 2/19/2026 for client #1.



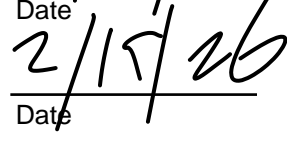
Compliance Manager



Primary Care Giver



Date



Date