

Foster Family Home - Deficiency Report

Provider ID: 1-591265

Home Name: Estela Galera, CNA

Review ID: 1-591265-18

91-1530 Kaikoi Place

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 9/30/2025

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 9/30/25).

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;

Comment:

8.(a)(1) - CG#2's Ecrim lapsed on 10/16/24 and was not renewed until 10/27/24; CG#3's Ecrim lapsed on 10/16/24 and was not renewed until 11/1/24.

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.

Comment:

41.(b)(8) - CG#4 and CG#6's blood borne pathogens and infection control certifications were invalid- date of in-service session did not match with the effective date of certificates.

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 nighttime monthly fire drill conducted for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (1), (2)- Client #1 with use of full bedrails- there was no MD order and the client's Service Plan dated 9/5/25 stated 1/2 rails. Client #2 also with use of full bedrails and no MD order and was not addressed in client's current service plan dated 4/8/25.

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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:

Comment:

50.(a)- CG#2, CG#3, CG#4, and CG#6 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN
Compliance Manager
Estela Juber
Primary Care Giver

9/30/25
Date
9/30/25
Date