

Foster Family Home - Deficiency Report

Provider ID: 1-561010

Home Name: Imelda DeJesus, CNA

Review ID: 1-561010-17

91-824 Moneha Place

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 10/3/2025

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: 10/03/2025).

6.(d)(1): No documentation present in client records of 1147 assessment for client #2 and client #3. 1147 assessment was due by 12/13/2024 for client #2 and 7/19/2024 for client #3. Repeat citation.

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 searches completed for CG#1, CG#2, and CG#4.

Evidence present in CCFFH records of lapse of ecrim background check for CG#2. Background check was due by 7/12/2025 and completed 8/20/2025.

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training was completed for CG#2.

16.(c)(1): No documentation present in client records of written authorization signed by client/client representative for use/disclosure of client's information for client #1.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA registry check for CG#1 and CG#4.

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#2. TB clearance was due by 7/08/2025.

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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 evidence present in client records of RN delegations were given by client #1's case management agency for oral medications for CG#4.

No evidence present in client records of RN delegations were given by client #1's case management agency for inhaler medication administration for all caregivers.

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Grievance

[11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No documentation present in client records of signed acknowledgement by client/client's POA of grievance policies were provided and reviewed for client #1. No copy present in client's records.

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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): Evidence present of documentation of fire drills copies from previous dates were used with their dates were altered to reflect a fire drill conducted on a later date from 8/2025 to 2/2025. when CTA questioned the individuals that were involved in the fire drills, CG#1 disclosed that the fire drills were older documents and the dates were changed. Individuals that were in questions were previous clients of the home and did not match the clients that were currently residing at CCFFH at the time.

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env.: No documentation present in CCFFH records of written agreement of living in a shared bedroom for client #2.

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Insurance Requirements

[11-800-51]

- 51.(a)(1) General;
51.(a)(2) Automobile; and

Comment:

51.(a)(1): No evidence present in CCFFH records of CG#2 is included in CCFFH's liability insurance.

51.(a)(2): No evidence present in CCFFH records of current automobile insurance for CG#1 and CG#2. CTA unable to verify if insurance met minimum coverage of \$100,000 bodily injury damage per person and \$30,000 property damage.

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Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No documentation present in client records of copy of client's rights available for client #1.

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Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
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:

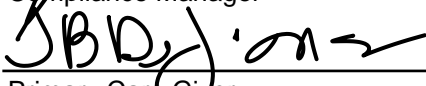
54.(a)(3): 54.a.3 No community resource list/book present nor did CCFFH have electronic access to one.

54.(c)(2): No evidence present in client records of current service plan for client #2 and client #3. Last service plan present was 1/09/2025 and due by 7/31/2025 for client #2 and last service plan present was 7/13/2024 and due by 1/13/2025 for client #3.

54.(c)(5)(6): No documentation present in client records of daily documentation of medication administration and skilled nursing checklist/ADLs for client #1, #2, and #3 since 9/30/2025. No 10/2025 medication administrative record (MAR) present for client #1, #2, and #3. Repeat citation.

Discrepancy noted in Ferrous Sulfate order compared to client's MAR for client #3. Physician order stated ferrous sulfate to be given Monday, Wednesday, and Friday but client's MAR stated to be given every other day.



Compliance Manager


Primary Care Giver

10/3/25

Date
10/7/25

Date