

Foster Family Home - Deficiency Report

Provider ID: 1-210046

Home Name: Jean Siores, CNA

Review ID: 1-210046-12

94-1084 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/12/2026

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 inspection made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 3/12/26).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- CG#2 without a Job Experience Form completed.

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)- CCFFH's last monthly fire drill on record was dated 10/15/25. No monthly fire drills from 11/2025 till 2/2026.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

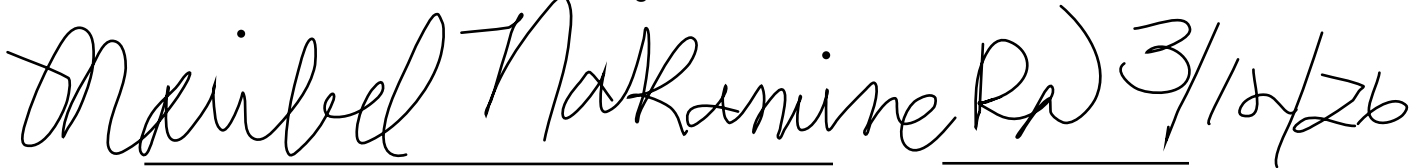
49.(c)(3)- Client #1 and Client #2's bedroom windows were dusty.

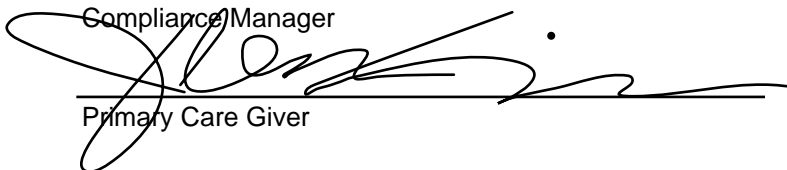
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(2)- Client #1's Service Plan/HAP expired on 1/30/26 and no current document was present in client's chart/records. Service Plan/HAP dated 7/30/25 without the client's/POA's signature.

 Maribel Nakamine RN 3/12/26


Compliance Manager
Primary Care Giver

Date 3/12/26
Date 3/12/26