

Foster Family Home - Deficiency Report

Provider ID: 1-230043

Home Name: Jeffrey Nino, NA

Review ID: 1-230043-7

94-456 Ikepono Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/11/2026

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 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 3/11/26).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#3's APS/CAN lapsed on 1/7/25 and was renewed on 4/2/25.

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

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

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 5/3/25 and renewed on 1/28/26. CG#3's TB clearance lapsed on 12/20/25 and renewed on 2/13/26.

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 window jalousies/screens were very dusty. Window latches were either missing or broken. Client #1's bedroom door was broken- unable to properly close completely. Also Client #2's bedroom door unable to open completely without a screeching noise that originating from the floor.

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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)(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:

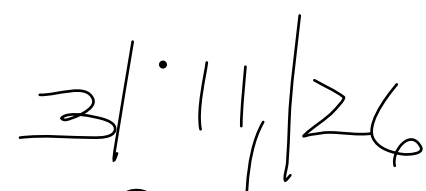
- 54.(c)(2)- Client #2's Service Plan/HAP dated 2/1/26 was missing the POA's signature.
54.(c)(5)- Client #1 and Client #2's March 2026 Medication Administration Records (MARs) were last completed on 3/8/26.
54.(c)(6)- Client #1's Daily Care Flowsheet/ADLs was last completed on 3/8/26.



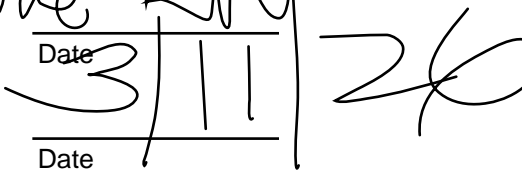
Compliance Manager



Primary Care Giver



Date



Date