

# Foster Family Home - Deficiency Report

Provider ID: 1-220043

Home Name: Jenny Francisco, NA

Review ID: 1-220043-11

94-483 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/6/2026

## 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 3/6/26).

6.d.1- Client #1's 1147 dated 8/25/25-8/26/26 was signed by an RN; required to be sign by client's MD as client was a Private Payer Source.

## 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;

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

Comment:

8.(a)(1), (2)- CG#1's Ecrim expired on 3/13/25 and no current document was present. CG#2, CG#3, and CG#4's APS/CAN/Ecrim expired on 9/8/25 and no current documents were present.

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

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) - CG#1's TB clearance expired on 1/7/26 and no current clearance result was present. CG#2's TB clearance lapsed on 10/31/25 and renewed on 2/4/26.

41.(b)(8)- CG#1, CG#2, CG#3, and CG#4's bloodborne pathogen and infection control training expired on 2/20/26 and no current certificates were present.

41.(c)- CG#1 was short of 11 hours of the required 12 hours of annual in-service training for the year 2025.

# Foster Family Home - Deficiency Report

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 fire drill conducted for the past 12 months and missing February 2026 fire drill- last in record was in January 2026.

Foster Family Home

Records

[11-800-54]

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)(5)- Client #2 without the March 2026 Medication Administration Record present/initiated. Client #2's medication's label (Bumex 1mg twice per day) did not match the client's Medication Administration Record and MD's list/order (2 mg once a day).

54.(c)(6)- Client #1 without the March 2026 ADLs/Daily Client Care Flowsheet.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date