

Foster Family Home - Deficiency Report

Provider ID: 1-140004

Home Name: Jesusa Alcantara, CNA

Review ID: 1-140004-20

94-543 Hiahia Loop

Reviewer: Ryan Nakamura

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/12/2026).

Foster Family Home 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 given for rectal suppository and topical medication administration for client #1 and enema administration for client #3 for all caregivers.

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)(6): No documentation present in client records from 3/5/2026 to 3/11/2026 for medications and 3/1/2026 to 3/11/2026 for ADL/skilled nursing checklist for client #2 and from 3/2/2026 to 3/11/2026 for medication and ADL/skilled nursing checklist for client #3.



Compliance Manager



Primary Care Giver

3/12/26

Date
3/12/26

Date