

# Foster Family Home - Deficiency Report

**Provider ID:** 1-120022

**Home Name:** Jinalyn Fiesta, CNA

**Review ID:** 1-120022-21

91-804 Apoke Place

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 10/16/2025

## 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: 10/16/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1.

## 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): Evidence of lapse present in CCFFH records of ecrim background check for CG#4. Clearance was due by 1/04/2025 and completed 6/26/2025.

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#3. Clearance was due by 5/4/2025 and completed 7/7/2025.

## 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.

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#2. TB clearance was due by 4/23/2025.

41.(b)(8): Evidence present in CCFFH records of lapse of bloodborne pathogen training for CG#2 and CG#3. Training was due by 1/04/2025 and completed 7/2/2025 for both caregivers.

## 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.

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(3): No evidence present in client records of RN delegations for inhaler medication administration given by client #2's case management agency to all caregivers.

43.(c)(6)(B): No access to television present in client #2's bedroom. Client is bedbound.

# 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 evidence present in CCFFH records of fire drill conducted in month of 09/2025.

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:

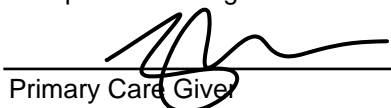
54.(c)(2): No evidence present in client records of current service plan for client #2 and #3. Last service plan present in records were dated 9/9/2024 for client #2 and 7/15/2024 for client #3.

54.(c)(5): 4 routine medications on hand supply were expired at time of inspection for client #2. Discrepancy noted in client #2's medication administrative record (MAR) compared to physician order/medication label for client's Combivent medication. MAR stated to be given "1 Puff PO QID PRN" but documentation present in client records of APRN order stated "2 puffs inhaled in the morning and 2 puff inhaled at night". Aspirin not listed on MAR but order is present in client #2's records.

54.(c)(6): No daily documentation present in client records of client #1, #2, and #3 of medication administration and ADLs. No documentation of MAR and ADLs/skilled nursing since client #1's admission (10/6/2025). No MAR documentation present from 8/1/2025 to 8/30/2025 and no MAR and ADLs/skilled nursing since 9/11/2025 for client #2. No MAR and ADLs/skilled nursing documentation present since 9/11/2025 for client #3.



Compliance Manager



Primary Care Giver

10/16/25  
Date  
10/16/25  
Date