

Foster Family Home - Deficiency Report

Provider ID: 1-240039

Home Name: Jonamae Madela, NA

Review ID: 1-240039-6

94-485 Hinuhinu Way

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/30/2026

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 for a 3 bed CCFFH re-certification.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 3/30/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#2 and CG#7.
CG#2 APS/CAN was due on or before 11/27/2025 and was completed on 3/19/2026.
CG#7 APS/CAN was due on or before 8/23/2024 and was completed on 2/23/2026.

8(c) State Name Check (eCrim) was lapsed for CG#6. State Name Check (eCrim) was due on or before 12/12/2025 and was completed on 1/10/2026.

CG#2 eCrim was not present in the CCFFH file.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#5.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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(a)(2) CG#2, #3, #4, #5, #6, and #7 is not approved to work in a three beds CCFFH.

41(a)(3) No job experience form present for CG#2, #3, #4, #5, #6, #7.

41.b.4. No disclosure form present for CG#5.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#4. It was due on/before 9/22/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #6, AND #7.

CG#1 requires 12 hours of in-service training, but had only 4 hours attended in 2025.

CG#2 and CG#6 requires 12 hours of in-service training, but had only 8 hours attended in 2025

No annual in-service training hours for CG#7 for 2025 present in record. CG#7 was required to have 12 hours in 2025.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CGs worked in a day or week.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly / included each CG at least once per year.

CG#5 did not conduct a fire drill in the past 12 months. CCFFH did not have May, August, and October 2025 fire drills.

Compliance Manager

Primary Care Giver

Date

Date

3/30/2026

03/30/2026