

Foster Family Home - Deficiency Report

Provider ID: 1-564014

Home Name: Joy Muncal, CNA

Review ID: 1-564014-20

94-1040 Hahana Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/4/2025

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: 12/4/2025).

6.(d)(1): 1147 assessment present in client records expired on 7/12/2024 for client #1, 4/1/2024 for client #2, and 11/21/2025 for client #3.

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

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

Comment:

41.(b)(8): Evidence of lapse present in CCFFH records of bloodborne pathogen training that was due by 3/13/2025 and completed 6/18/2025 for CG#5.

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 RN delegations present by client #3's case management agency for CG#1, CG#3, and CG#5.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env.: No documentation present in client records of signed agreement/consent of living in a shared room by client #1.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Federal regulations require clients to be able to lock and unlock their bedroom and bathroom doors for privacy. Client #1 and #2's shared bedroom door cannot be locked or unlocked within inside of the room.

No written consent/acknowledgement signed by client/POA for use of camera/monitor in client's common area for client #1, #2, and #3.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): Last service plan present in client records dated 5/21/2025 and new service plan was due by 11/21/2025 for client #1.

No documentation present in client records of service plan dated 4/28/2025 signed by client/representative for client #2.



Compliance Manager



Primary Care Giver

12/4/25

Date

12/4/25

Date