

Foster Family Home - Deficiency Report

Provider ID: 1-210028

Home Name: Shane Fernandez, CNA

Review ID: 1-210028-12

94-917 Kuhaulua Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/1/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/01/2025).

CCFFH applied to increase to 3 bed CCFFH.

6.(d)(1): 1147 assessment present in CCFFH records expired 12/26/2024 for client #2.

Foster Family Home	Background Checks	[11-800-8]
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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): No evidence present in CCFFH of 2nd set of APS/CAN/criminal background check in consecutive years for CG#4. 2nd set of background check was due by 8/27/2025.

Evidence of lapse of APS/CAN/criminal background check for CG#2 and CG#3. Background checks were due by 3/17/2025 and completed 7/17/2025 for CG#2 and due by 1/4/2025 and completed 5/12/2025 for CG#3.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 evidence present in CCFFH records of CCFFH's confidentiality training completed for CG#2, CG#3, and CG#4.

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Personnel and Staffing

[11-800-41]

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(7): Evidence of lapse present in CCFFH records of TB clearance for CG#4. TB clearance was due by 8/11/2025 and completed 11/12/2025.

41.(e): CCFFH applied to increase to 3 bed CCFFH. CG#2, CG#3, and CG#4 are not approved as 3 bed substitute caregivers.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: CCFFH applied to increase to 3 bed CCFFH. No job experience form present in CCFFH records for CG#2, CG#3, and CG#4.

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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 for month 11/2025 and 12/2024.

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Physical Environment

[11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(5): CCFFH unable to successfully test a smoke detector during CTA's inspection.

49.(c)(3): Client #1's bedroom missing two screen windows and may allow pests or insects into the home.

Holes were found in the common dining area floor and one hole in dining area ceiling. One hole was found in client bathroom wall.

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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;


54.(c)(8) Personal inventory.

Comment:

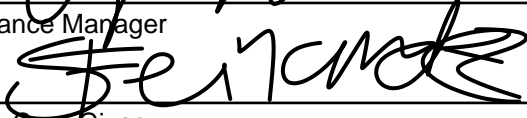
54.(c)(5): No documentation present of medication administration from 7/28/2025 to 7/31/2025 for client #1 and from 8/25/2025 to 8/31/2025 for client #2.

54.(c)(6): No daily documentation present in client records of ADL/skilled nursing checklist from 11/19/2025 to 12/01/2025 for client #1 and #2.

54.(c)(8): No documentation present in client records of inventory of client's belongings for client #1.



Compliance Manager



Primary Care Giver

12/1/25

Date

12/1/25

Date