

# Foster Family Home - Deficiency Report

Provider ID: 1-190060

Home Name: Jess Carino, NA

Review ID: 1-190060-15

98-022 Kuleana Place

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 4/21/2026

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 inspection for a 2 bed CCFFH re-certification.

Return to CCFFH for continue inspection.

Deficiency Report issued during CCFFH inspection via email on 4/21/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #4, and #7. CG#1 TB clearance expired, was due on/before 5/4/2025 and was not present in the file. CG#4 TB clearance expired, was due on/before 1/22/2026 and was not present in the file. CG#7 TB clearance expired, was due on/before 8/12/2025 and was not present in the file.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1. It was due on/before 5/6/2025. CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1, #4, #5, and #7. CG#1 BBP/IC was due on/before 5/6/2025, and was not present in the file. CG#4 BBP/IC was due on/before 12/5/2025, and was not present in the file. CG#5 BBP/IC was due on/before 3/16/2026, and was not present in the file. CG#7 BBP/IC was due on/before 3/31/2026, and was not present in the file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#4 and #7. CG#4 requires 8 hours of in-service training, but had only 4 hours attended in 2025. CG#7 requires 8 hours of in-service training, but had only 6 hours attended in 2025.

41.g. No basic skills check present in record for CG#6 and #8 for both Client#1 and Client#2.

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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 delegation present for Client #1 for CG#6, #7, and #8.

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

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.(b) From 4/7/2026 inspection, Client #1 binder was not located in the CCFFH ("Left it at the other home"), inhibiting the compliance manager's effective review.


54.(b)(1) From 4/7/2026 inspection, CCFFH did not have their CCFFH binder ("Left it at the other home") preventing an effective professional review by CTA.

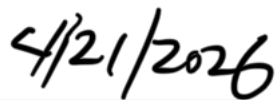
54(c)(2) From 4/7/2026 inspection, No current signature of POA for service plan present for Client#2.

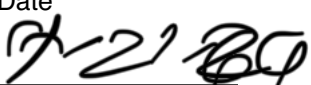
54(c)(5) Client#1 and #2 MARs were not documented daily. Sheet not completed from 4/19/26 and 4/20/2026.

54(c)(6) No ADL flow sheet present for Client#1 from 8/2025 through April 2026.

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date