Foster Family Home - Deficiency Report

Provider ID:	**1-250053**		
Home Name:	**Jahly Quintua, NA**	**Review ID:**	**1-250053-2**
94-597 Kupuna Loop		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/14/2026

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 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/14/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#2 and #3.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#3. First Aid training is not present in the file.

Foster Family Home — Records — [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54(c)(5) No MAR present for May 2026 for Client#1.

Compliance Manager — Date: 5/14/2026

Primary Care Giver — Date: 05/14/2026

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