Foster Family Home - Deficiency Report

Provider ID:	**1-250064**		
Home Name:	**Jasmin Espina, CNA**	**Review ID:**	**1-250064-2**
91-1747 Kuapuu Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	6/2/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/2/2026).

Foster Family Home **Background Checks** **[11-800-8]**

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): 2nd set of APS/CAN/criminal background check was due by 5/29/2026 for CG#6.

8.(a)(1): No sex offender registry check present in CCFFH records for CG#8.

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 evidence present in CCFFH records of confidentiality training completed for CG#5, CG#8, and CG#9.

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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)(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.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check was completed for CG#1, CG#4, CG#5, and CG#7.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form for CG#2 and CG#8.

41.(b)(7): TB clearance was due by 4/16/2026 for CG#1.

41.(b)(8): First aid/CPR training present in CCFFH records expired on 5/31/2026 for CG#3.

No first aid/CPR training present in CCFFH records for CG#2.

Bloodborne pathogen training was due by 3/10/2026 for CG4, 3/1/2026 for CG#5, 3/11/2026 for CG#7, and 3/15/2026 for CG#8.

41.(c): No hours of in-service training completed in CCFFH records for CG#2, CG#5, and CG#6.

41.(g): No evidence present in client records of basic caregiver skills were checked by client #1 or client #2's case management agency for CG#4.

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 evidence present in client records of RN delegations were given for CG#4 for client #1 and #2.

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Foster Family Home	Physical Environment	[11-800-49]

49.(b)(3)	Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No signed written consent present by client/representative in client #2's records for use of camera/monitor in client #2's bedroom.

Foster Family Home	Insurance Requirements	[11-800-51]

51.(a)(1)	General;

Comment:

51.(a)(1): CCFFH's general liability insurance present in CCFFH records did not include CG#3, CG#7, CG#8, and CG#9.

Foster Family Home	Fiscal Requirements	[11-800-52]

52.(a)	The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
52.(b)	The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
52.(c)	All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

Foster Family Home	Records	[11-800-54]

54.(c)(5)	Medication schedule checklist;
54.(c)(8)	Personal inventory.

Comment:

54.(c)(5): Discrepancy noted in client #2's medication administration record (MAR) compared to physician order for Duloxetine. MAR stated Duloxetine 30mg 2 capsules by mouth daily but physician order/medication label stated Duloxetine 30mg 1 capsule by mouth twice a day.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and #2.

Compliance Manager — Date 6/2/26

Primary Care Giver — Date 6/2/26