Foster Family Home - Deficiency Report

Provider ID:	**1-560921**		
Home Name:	**Jeannie Abero, CNA**	**Review ID:**	**1-560921-19**
91-1020 Hanakahi Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	6/15/2026

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: 6/15/2026).

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): APS/CAN clearance and criminal background check was due by 5/23/2026 for HHM#5.

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

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

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): Current TB clearance not documented on department approved TB clearance for and not signed by MD/APRN/NP/DO for CG#2 and CG#3.

41.(g): No basic caregiver skills were checked by client #1 or #2's case management for CG#3 and 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 of any tasks were given for CG#3 and CG#4 for client #1 and #2.

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

54.(c)(8) Personal inventory.

Comment:

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

Compliance Manager — Date: 6/15/26

Primary Care Giver — Date: 6/15/26

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