Foster Family Home - Deficiency Report

Provider ID:	**1-250094**		
Home Name:	**Jona Cordova, NA**	**Review ID:**	**1-250094-3**
4509 Luaole Street		Reviewer:	Maribel Nakamine
Honolulu HI 96818		Begin Date:	6/10/2026

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 made for a 2-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days (issued on 6/22/26).

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

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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

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)(4)- Primary Caregiver Disclosure was not updated to reflect current household members to include household members occupying the upstairs unit. A connecting doorway in the CCFFH hallway when opened led to an upstairs unit.
41.(f), (f)(1)- No evidence that all household members occupying the upstairs unit of the CCFFH were with TB clearances.
41.(f)(2)- No background present (APS/CAN/Fingerprint) were present for all adult household members.
41.(f)(2)- No sex offender search results were present for all adult household members occupying the CCFFH upstairs unit.
41.(g)- No basic skills checks present for CG#3 in Client #2's chart/records.

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 delegations present for CG#3 on oral medication administration in Client #2's chart/records.

Foster Family Home — Fire Safety — [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- No evidence that CG#3 conducted a monthly fire drill for the CCFFH.

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

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

Comment:

49.(c)(3)- Client #1 and Client #2's window screens clips were broken- Screens may fall and possibly hurt the clients.

Foster Family Home	Quality Assurance	[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (e)(2)- 2 bedroom upstairs were locked during CCFFH inspection; CTA compliance manager was unable to check as CCFFH without the spare keys.
On 6/22/26, CTA compliance manager returned to CCFFH unannounced to complete the physical environment inspection.

Foster Family Home	Records	[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

Comment:

54.(a)(1)- CCFFH's Emergency/Evacuation Map did not reflect the CCFFH's current structure.
54.(c)(5)- Medication discrepancy noted in Client #1. Amlodipine medication's label stated 5 mg 1 tab; Medication Administration Record (MAR) and client's MD order stated Amlodipine 5mg 1/2 tab.

Compliance Manager — Date: 6/22/26

Primary Care Giver — Date