Foster Family Home - Deficiency Report

Provider ID:	**1-563595**		
Home Name:	**Juliana Aguinaldo, CNA**	**Review ID:**	**1-563595-20**
99-143 Kalaloa Street		Reviewer:	Po Lim
Aiea HI 96701		Begin Date:	6/29/2026

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 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 6/29/2026 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)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
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.

Comment:

41(a)(3) No job experience form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance expired, was due on/before 5/12/2026 and was present in the file.

41.(b)(8) CCFFH lapsed for current Bloodborne Pathogen/Infection control training for CG#3. It was due on/before 1/2/2026 and was completed on 1/29/2026.

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#2.

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Foster Family Home	Records	[11-800-54]

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(c)(2) No current signature of POA for service plan present for Client#2.

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

54(c)(6) No ADL flow sheet present for Client#1 from March through June 2026.

Compliance Manager

6/29/2026

Date

Primary Care Giver

Date