Foster Family Home - Deficiency Report

Provider ID:	**1-170052**		
Home Name:	**Juliet Grefa Carino, NA**	**Review ID:**	**1-170052-19**
5171 Likini Street		Reviewer:	Maribel Nakamine
Honolulu HI 96818		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 inspection made for a 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 6/2/26).

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

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

Comment:

41.(b)(8)- CG#1's bloodborne pathogen and infection control lapsed on 8/7/25 and renewed on 2/18/26.

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)- CG#2, CG#3, and CG#6 without evidence of having the RN delegations on oral inhaler administration of Client #1.

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

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(b)(1)- CCFFH without a designated person at all times for Client #1 in the event of emergency/evacuation.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

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

Comment:

49.(a)(2)- No grab bar near client's toilet.
49.(c)(3)- CCFFH's bathroom shower was observed to be clogged/drained very slowly; Screen door near the dining room area with a large hole- vermins, mosquitoes, bugs, etc. can come inside the CCFFH and possibly bit the clients.

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Foster Family Home	Client Rights	[11-800-53]

53.(b)(9)	Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;
53.(b)(13)	Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(9)- No lock from the inside of clients' bathroom doorknob. Under the My Choice My Way clients' doorknobs should have lock from the inside for clients' privacy right.
53.(b)(13)- CG#1's belongings/clothes were stored in Client #2's closet.

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)- Client #2's Service Plan/HAP dated 2/9/26 without the client's POA signature.
54.(c)(5)- Client #1 without the June 2026 Medication Administration Record initiated. Client #2's June 2026 Medication Administration Record without signatures on June 1, 2026 and June 2, 2026 (am doses).
54.(c)(6)- Client #1's ADL/Daily Care Flowsheet was last signed on May 29, 2026. No signatures from May 30, 2026- June 1, 2026.

Compliance Manager — Date 6/2/26

Primary Care Giver — Date 6/2/26