Foster Family Home - Deficiency Report

Provider ID:	**2-100096**		
Home Name:	**Loriella Fiesta, CNA**	**Review ID:**	**2-100096-21**
16-2088 Emerald Drive, #1184		Reviewer:	Po Lim
Pahoa HI 96778		Begin Date:	5/27/2026

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.

42.a. Client#1 Form 1147 was not present is the file.
Client#2 Form 1147 was expired on 5/1/2025, no new was present in the file.

Deficiency Report issued during CCFFH inspection via email on 5/27/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue for CG#2. State Name Check (eCrim) was due on or before 5/22/2026 and was not present in the CCFFH file.

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.

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#3. It was due on/before 1/2/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#4. CG#2 and #4 requires 12 hours of in-service training, but had only ZERO hours attended in 2025.

41.e. CG#3 and CG#4 caregivers approval form are not present in their files.

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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#1.
Client #2 last service plan in record is not current and dated 4/25/2025.

54(c)(5) No MAR present for May 2026 for Client#1 and Client#3.
Client#1 MAR was not documented daily. Sheet not completed from 4/27/26 to 4/30/26.

54(c)(6) No ADL flow sheet present for Client#1 for April 2026 and May 2026.
No ADL flow sheet present for Client#3 for May 2026.

Client #3 did not have evidence of RN monthly visit notes for 04/2026.

Compliance Manager — Date: 5/27/2026

Primary Care Giver — Date: 5/27/26