

Foster Family Home - Deficiency Report

Provider ID: 1-230078

Home Name: Allan Sildora, NA

Review ID: 1-230078-5

92-551 Palailai Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 7/30/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/30/25).

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No nighttime fire drill conducted for the past 12 months.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bar in clients' shower.

Foster Family Home	Quality Assurance	[11-800-50]
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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) - CCFFH with 3 locked gates; no means of communication for agency to have quick access to CCFFH.

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Foster Family Home

Records

[11-800-54]

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

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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)(8) Personal inventory.

Comment:

54.(a)(1)- CCFFH without an emergency/evacuation map present.

54.(b)- No signatures in Client #1's progress notes after each dated entry.

54.(c)(2)- No signature of Client#1's RN CMA in client's current Service Plan. Client #2's Service Plan dated 5/16/25 was missing the client's signature.

54.(c)(5)- Acetaminophen medication was not transcribed in Client #1's July 2025 Medication Administration Record (MAR).

54.(c)(8)- No Personal Inventory List for Client #1.

Maibet Nakamine, RN 7/30/25
Compliance Manager Date
adh 7/30/25
Primary Care Giver Date