

Foster Family Home - Deficiency Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN

Review ID: 1-511114-18

1428 Kaumoli Place

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 6/20/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA due within 30 days of inspection (inspection date: 6/20/2025).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence provided by CCFFH of sex offender registry searches for CG#1, CG#3, HHM#2, and HHM#3. No documentation provided.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No documentation provided by CCFFH of CCFFH's confidentiality/privacy training completed for CG#3, HHM#2, and HHM#3.

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)(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;

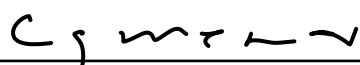
Comment:

54.(c)(2): No documentation provided by CCFFH of current service plan for client #1. Last documented service plan was completed on 3/02/2024 and stated next review date was 9/30/2024.

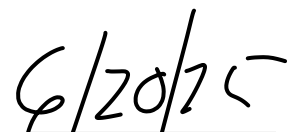
54.(c)(6): No documentation provided by CCFFH of RN/SW case management visits for months of 3/2025, 2/2024, 12/2024, 10/2024, 9/2024, and 6/2024.

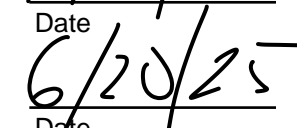


Compliance Manager



Primary Care Giver



Date


Date