

# Foster Family Home - Deficiency Report

Provider ID: 2-583254

Home Name: Edna Rice, CNA

Review ID: 2-583254-17

15-1707 26th Avenue,  
Paradise Drive

Reviewer: Maribel Nakamine

Kea'au HI 96749

Begin Date: 7/16/2025

| 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH with written plan of correction due to CTA within 30 days of inspection (issued on 7/16/25).

6.d.1- Client #3's 1147 lapsed on 9/24/24 and no current document was present in client's chart.

| Foster Family Home | Background Checks | [11-800-8] |
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1), (2)- CG#6's Ecrim result lapsed on 1/11/24 and was not renewed until 1/21/24.

| Foster Family Home | Information Confidentiality | [11-800-16] |
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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 confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#6, CG#7, and CG#8.

| Foster Family Home | Personnel and Staffing | [11-800-41] |
|--------------------|------------------------|-------------|
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(3)- No Job Experience form completed by CG#1.

41.(g)- No basic skills checklist present in Client #2's chart for CG#2, CG#3, CG#7, and CG#8.

41.(c)- CG#6 without any hours of annual in-service for the years 2023, 2024, and 2025.

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## 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 delegations on oral medication administration present for CG#7 for Client #3.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- No monthly fire drill conducted by CG#7 for the past 12 months.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#8 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

*Maibelle Nakamine, RN* 7/16/25  
Compliance Manager  
*Edna Pin*  
Primary Care Giver  
Date 7/16/25  
Date