

# Foster Family Home - Deficiency Report

**Provider ID:** 2-140053

**Home Name:** Edna Salom, CNA

**Review ID:** 2-140053-18

812 West Kawaihani Street

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 7/11/2025

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 emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 7/15/25).

6.d.1- Client #2's 1147 document expired on 5/24/25 and no current 1147 was present in client's chart/records.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprint results present for HHM#3.

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 HHM#3.

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

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#3.

41.(b)(8)- CG#4's Bloodborne pathogen and infection control training lapsed on 11/17/24 and no current certificate was present.

41.(g)- No basic skills checklist completed by CG#5 for Client #1 and Client #2.

# Foster Family Home - Deficiency Report

Foster Family Home	Client Care and Services	[11-800-43]
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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 present for CG#5 for Client #1 and Client #2.

Foster Family Home	Grievance	[11-800-45]
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45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45. (1),(2),(3)- No Admission Policy and Agreement present in Client #1's chart/records.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d), (1),(2)- No MD order for Client #1's full bedrails; not checked off in client's Service Plan.

47.(e)- No training present for Client #1's specialized diet of pudding thickened liquid.

Foster Family Home	Client Rights	[11-800-53]
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53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a), (b)(1)- No admission policy and agreement completed/present in Client #1's chart/records.

# Foster Family Home - Deficiency Report

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)(8) Personal inventory.

Comment:

54.(c)(2)- Client 1's Service Plan dated 2/5/25 without the Client/POA's signature. Client #3's Service Plan expired on 2/28/25 and Service Plan dated 8/30/24 without the Client/POA's signature.

54.(c)(5)- Client #1's Medication Administration Record (MAR) with daily scheduled lorazepam was signed till July 26, 2025.

Client #2- Senna and Quetiapine were not transcribed in client's July 2025 MAR.

54.(c)(8)- No evidence that a Personal Inventory List was initiated/maintained for Client #1.

*Maibell Nakamine, RN*

Compliance Manager

Primary Care Giver

*7/15/25*

Date

*7/15/25*

Date