

Foster Family Home - Deficiency Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-15

1714 Ema Place

Reviewer: Ryan Nakamura

Honolulu

HI

96819

Begin Date: 6/24/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/24/2025).

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 evidence present in CCFFH record of fire drill conducted in month of 5/2025. Last fire drill conducted was dated 4/14/2025.

Foster Family Home	Records	[11-800-54]
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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;

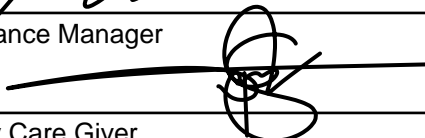
Comment:

54.(c)(2): No documentation present in CCFFH record of current service plan for client #2. Last documented review date was 10/16/2024. Service plan was due in 4/2025.

54.(c)(6): Evidence present in CCFFH record of CCFFH documentation of skilled nursing/ADL checklist of future days of the month until 6/30/2025. CTA unable to determine the validity of skilled nursing documentation.



Compliance Manager



Primary Care Giver

6/24/25

Date
6/24/25

Date