

# Foster Family Home - Deficiency Report

**Provider ID:** 1-635336

**Home Name:** Maria Peretz, CNA

**Review ID:** 1-635336-20

91-1124 Kaimalie Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/10/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection date: (7/10/2025).

6.(d)(9): No documentation present in client records of current 1147 assessment for client #2.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No documentation of caregiver sign-in and out sheet for past 12 months. CG#1 stated that it had not been updated and stated she was on vacation in 5/2025 for four days.

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 evidence present in client records of RN delegations were given by client #2's case management agency for CG#7.

Foster Family Home	Physical Environment	[11-800-49]
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49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(1): Curtain in shared room unable to provide privacy between client #2 and #3's bed/space effectively.

49.(b)(2): No documentation present in client records of consent/agreement from client/POA of being in shared bedroom for client #2.

49.(b)(3): No documentation present in client records of consent/acknowledgement from client/POA regarding camera/monitor in client #1's bedroom.

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Foster Family Home

Records

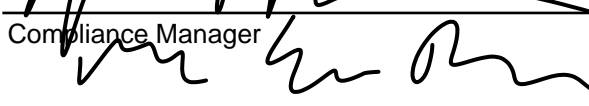
[11-800-54]


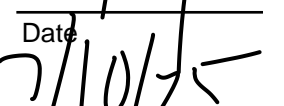
54.(c)(5)

Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy noted in Tamsulosin order compared to client's medication administration record (MAR) and Vitamin D3 order not listed in MAR for client #3. Tamsulosin order on medication label/order stated 2 capsules PO daily and MAR stated 1 capsule PO daily.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date