

Foster Family Home - Deficiency Report

Provider ID: 2-110065

Home Name: Marilyn Foster, CNA

Review ID: 2-110065-27

81-2056 Haku-Nui

Reviewer: Ryan Nakamura

Captain Cook HI 96704

Begin Date: 7/30/2025

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: 7/30/2025).

6.(d)(1): No documentation present in CCFFH records of current 1147 assessments for client #1 and client #2.

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 evidence present in CCFFH records of CCFFH confidentiality/privacy training completed by CG#3 and CG#5.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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)(2): No evidence present in CCFFH records of CNA prometric registry check for CG#1 and CG#5.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed by CG#3.

41.(b)(7): Evidence of lapse of TB clearance for CG#1, CG#2, and CG#3. TB clearances were completed on 7/24/2025 for CG#1, CG#2, and CG#3 and last documented TB clearance present in CCFFH records was due 9/16/2023 for CG#1 and CG#2 and 4/11/2024 for CG#3.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training for CG#5. Training was due by 2/03/2025.

41.(g): No evidence present in client records of basic caregiver skills check completed by client #1 or client #2's case management for CG#1, CG#2, CG#3, and CG#5.

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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 evidence present in client records of RN delegations were given by client #1's case management agency for oral medication administration for CG#1, CG#2, CG#3, and CG#5.

No evidence present in client records of RN delegations were given by client #1's case management agency for oral and topical medication administration for CG#3 and CG#5.

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Fire Safety

[11-800-46]

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): Evidence present in CCFFH records of fire drills were all conducted at the same time every month for the past year.

46.(b)(2): No evidence present in CCFFH records of CG#2, CG#3, and CG#5 conducted a fire drill in the past year.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): 1 Screen window missing in HHM bedroom.

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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):) Internal emergency management policy has a signature sheet that is not signed by CG#2, CG#3, and CG#5.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): client's bathroom and client #2's bedroom door does not have locking mechanism from within to allow privacy for client and visitors.

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Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1): No document present in client records of face sheet for client #1.

54.(c)(5): Discrepancy noted in client #2's medication administrative record (MAR) compared to physician order/medication label. MD order/medication label stated Quetiapine 50mg PO three times a day and MAR stated Quetiapine 25mg PO at bedtime.



Compliance Manager

Primary Care Giver

7/30/25
Date
7/30/25
Date