

Foster Family Home - Deficiency Report

Provider ID: 4-230071

Home Name: Marilyn Timbreza, NA

Review ID: 4-230071-5

55 Kuula Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/7/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 8/7/25.

Foster Family Home Personnel and Staffing [11-800-41]

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

Comment:

41.(b)(8) - The CCFFH did not have evidence that CG#2 had received first aide training. Card on file was for BLS only.

Foster Family Home Fire Safety [11-800-46]

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

Comment:

46.(b)(2) - The CCFFH did not have evidence that CG#3 had conducted a fire drill within the last 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

Comment:

47.(b) - Client #1 had an order to begin anticoagulants on March 6, 2025. (Aspirin 81 mg daily and Clopidogrel 75 mg daily for 18 days). The CCFFH did not have evidence that RN delegation or education had been provided concerning administration of anticoagulants or monitoring for bleeding. The anticoagulants were discontinued after 14 days due to an episode of hypotension and anemia.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b), 50.(b)(1), 50.(b)(2) - Client #2 was seen in urgent care on 6/27/25 due to an episode of symptomatic hypertension. The CCFFH did not have evidence that an adverse event report had been completed related to the change in client condition.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

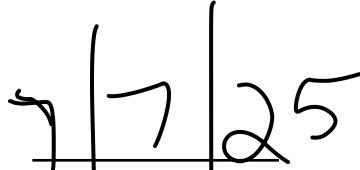
54.(c)(2) - The CCFFH did not have evidence that the service plan for client #1 adequately addressed the client's care needs. Hospice care had been initiated on 6/25/25 and was not added to the service plan, client was prescribed anticoagulants in March 2025, and risk for bleeding was not added to the service plan. Service plan from 3/2025 was a new version of the form and the prior problems had not been transferred to the most recent service plan. No documentation was present indicating the status of the prior problems identified on the service plans.




Compliance Manager



Primary Care Giver



Date



Date