Foster Family Home - Deficiency Report

Provider ID: 1-628191

Home Name: Maritess Mercado, NA Review ID: 1-628191-20

94-1085 Awanani Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 7/31/2025

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection date (issued on 7/31/25).

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2)- CG#5's APS/CAN lapsed on 7/18/25 and no current result was present.

Foster Family Ho	ome Personnel and Staffing	[11-800-41]
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)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
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Comment:

41.(b)(4)- CG#5 without the Substitute Caregiver Disclosure Form.

41.(b)(8)- CG#3's CPR/basic first aid certification lapsed on 5/24/25 and no current certificate was present.

Foster Family H	ome Client Care and Services	[11-800-43]
43.(c)(3)	Be based on the caregiver following a service plan for address delegate client care and services as provided in chapter 16-89	9 ,

allamine,

Comment:

43.(c)(3)- No RN delegation on Oral Medication Administration for CG#2, CG#3, CG#4, CG#5, and CG#6 for Client #2.

Compliance Manager

Primary Care Giver

Date

Date

7/31/2025 2:51:43 PM