

# Foster Family Home - Deficiency Report

**Provider ID:** 4-510942

**Home Name:** Renely Ubilas, CNA

**Review ID:** 4-510942-18

100 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/14/2025

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 by 8/14/25.

6.(d)(1) - The CCFFH did not have evidence of a current 1147 for client #1. 1147 on file expired 5/6/24.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) - The CCFFH did not have evidence of a current state name check on file for CG#4. Report on file expired 9/1/24.

8.(a)(2) - The CCFFH did not have evidence of a current APS/CAN on file for CG#4. Report on file expired 9/8/23.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - The CCFFH did not have evidence that client #1/client's legal representative was informed about the confidentiality practices.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) - The CCFFH did not have evidence that CG#4 had completed 12 hours of inservice training in 2024.

41.(g) - The CCFFH did not have evidence that a basic skills check had been conducted for CG#5

# Foster Family Home - Deficiency Report

## Foster Family Home

## 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) - The CCFFH did not have evidence that CG#5 had received RN delegations for client #1.

## Foster Family Home

## Grievance

[11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that the Grievance Policy had been reviewed with and provided to client #1/client's legal representative.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - The CCFFH did not have evidence that CG#5 had conducted a fire drill within the last 12 months.

## Foster Family Home

## Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - The CCFFH did not have evidence that client #1/Client's representative was provided with a copy of the client rights policy.

## Foster Family Home

## Records

[11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - Medication discrepancy noted for client #1. On 8/2024, Sertraline order was increased to 50 mg by mouth twice daily. Prior order was for Sertraline 25 mg, 1 1/2 tabs by mouth daily. July 2025 MAR indicated order was Sertraline 25 mg, 1 1/2 tabs by mouth daily. The prescription label states 50 mg daily. CG#1 indicated 50 mg was being administered daily.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory log had been completed for client #1.

  
Compliance Manager

  
Primary Care Giver

7/14/25  
Date

7/14/25  
Date