

# Foster Family Home - Deficiency Report

Provider ID: 1-591083

Home Name: Rosa Ishihara, CNA

Review ID: 1-591083-17

94-205 Paiwa Street

Reviewer: Ryan Nakamura

Waipahu

HI

96797

Begin Date: 7/25/2025

## 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 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 (inspection date: 7/25/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #2 and client #3. 1147 assessment expired 3/13/2025 for client #2 and 12/19/2022 for client #3.

## 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): No evidence present in client records of RN delegations from client #2's case management agency for topical medication administration for CG#1, CG#2, and CG#3.

## Foster Family Home Records [11-800-54]

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

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

Comment:

54.(c)(2): Discrepancy noted in services provided compared to client #2's current service plan. Service plan did not address foley catheter care.

54.(c)(5): No documentation present in client records of daily medication administration for client #2 and #3. Last documentation noted for medication administration dated 7/21/2025.

Compliance Manager

Primary Care Giver

Date

Date