

Foster Family Home - Deficiency Report

Provider ID: 1-170057

Home Name: Mary Vares, NA

Review ID: 1-170057-15

91-846 Makaonaona Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 8/4/2025

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 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 (issued on 8/4/25).

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)- No sex offender search results present for CG#1 and CG#2.

8.(a)(1), (2)- CG#2's APS/CAN lapsed on 8/1/25 and Ecrim lapsed on 7/18/25. No current results were present.

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)(5)(B) The transportation plan may include but is not limited to the use of a handivan, taxi, or a substitute driver;

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

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

Comment:

41.(a)(2)- No CNA Prometric Registry Check result present for CG#4.

41.(b)(7)- CG#2's TB clearance dated 4/16/25 was not documented on a department approved form.

41.(b)(8)- CG#2's bloodborne pathogen and infection control certification lapsed on 11/20/24 and no current certificate was present.

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

Comment:

46.(a)- No monthly fire drill completed for the months of August 2024- December 2024 and July 2025.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- Client #2 with use of bedrails. No MD order present in client's chart.

Foster Family Home

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), (b)(1), (2)- Client #2's right hip with 2 areas of purplish skin discoloration during diaper changed. No Adverse Event completed/present in client's chart/records.

Foster Family Home

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)- CCFFH with video surveillance cameras in the living room, kitchen, hallways, client #1, and client #2's bedrooms. No written consent present in Client #1 and Client #2's charts/records.

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)- Client #2's Service Plan lapsed on 3/10/25 and no current service plan was present.

54.(c)(5)- Medications and MARs (Medication Administration Records) discrepancies were noted.

Client #1- there were 4 scheduled evening medications (Atorvastatin, Entresto, Gabapentin, and Quetiapine (8:00pm) that were signed ahead of administration time for 8/4/25.

Client #2- Incomplete MARs- January 2025- not signed from 1/11/25- 1/31/25, February 2025- none started/initiated, March 2025- not signed 3/23/25- 3/31/25, April 2025- not signed from 4/15/25- 4/30/25, May 2025- not signed 5/8/25-5/31/25, June 2025- not signed 6/12/25- 6/30/25, July 2025- 5 evening scheduled meds were not signed on 7/31/25. August 4, 2025- there were 4 evening scheduled medications that were signed ahead of administration time. Fluoxetine and Amlodipine were not written in the client's MAR from May 2025 - August 2025 MARs. Acetaminophen bottle dosage (500 mg) did not match the client's MAR and MD's order of 325mg 2 tabs.

Manikela Nakamine, RN

Compliance Manager

Mary Givens

Primary Care Giver

Date

Date

8/4/25

8/4/25