

# Foster Family Home - Deficiency Report

Provider ID: 1-160060

Home Name: Aristopher Gabriel, CNA

Review ID: 1-160060-16

94-1117 Hapawalu Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 8/25/2025

## 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: 8/25/2025).

6.(d)(1): Evidence present in client records of current 1147 assessment was signed by RN for client #1, a private pay client. Private pay client's 1147 must be signed by physician.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1, CG#2, CG#3, and CG#4.

## 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): No evidence present in CCFFH records of CG#4 conducted a fire drill in the past 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): No documentation present in client records of eye drop medication, topical/skin preparation medication administration education training for client #2 and suppository, topical, and eye drop medication administration education training for client #3. RN delegations were given to all caregivers but no documentation of education present in clients' charts besides oral medication administration.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Screen window missing in client bathroom. Opening allows for insects/pests to enter inside the CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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

Comment:

54.(c)(1): No evidence present in client records of current client face sheet for client #1.

54.(c)(2): Discrepancy noted in client #2's service plan present in client's records compared to services being provided. Service plan addressed client has foley catheter care, but client did not have foley catheter when client was admitted to CCFFH according to CG#2.



Compliance Manager



Primary Care Giver

8/25/25  
Date  
8/25/25  
Date