

Foster Family Home - Deficiency Report

Provider ID: 1-000059

Home Name: Madelyn Arellano, CNA

Review ID: 1-000059-20

91-1418 Maliko Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 8/21/2025

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: 8/21/2025).

Foster Family Home

Personnel and Staffing

[11-800-41]

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(b)(8) No evidence present in CCFFH records of current first aid training for CG#4. First aid training certificate in CCFFH records states that skills portion needed to be completed.

41.(h): CG#4 is not approved as 3 bed CCFFH substitute caregiver. CG#4 only approved as a 2 bed CCFFH substitute caregiver.

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 wound care RN delegations by client #2's case management agency for CG#1, CG#2, CG#3, and CG#4

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

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

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

Comment:

47.(c): No evidence present in client records of list of side effects for current medication for client #1.

47.(D)(1): No evidence present in client records of physician order for use of bed side rails for client #2.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

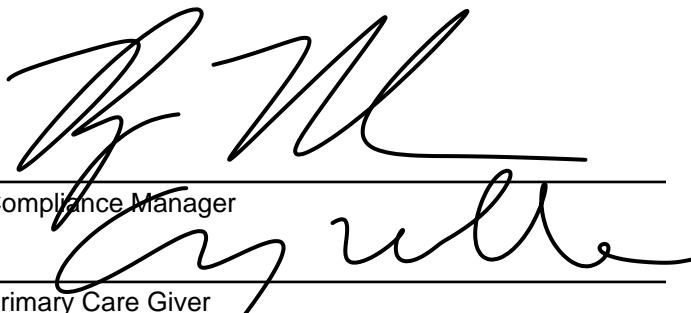
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)(1): Evacuation map present in CCFFH did not match current home layout. CG#1 disclosed renovations were made in the past 12 months. Evacuation map did not reflect current exits and rooms of the home.

54.(c)(2): No evidence present in client records of current service plan for client #1 and client #3. Last service plan present in CCFFH records were dated 6/17/2024 for client #1 and 10/07/2024 for client #3. Service plans were to be updated every six months or as needed.

Discrepancy noted in client #2's service plan present in CCFFH records compared to services provided. Service plan did not address client was admitted to hospice services.



Jennifer M. Miller

Compliance Manager

Primary Care Giver

8	21	25
Date	8	21
8	21	25
Date	8	21