

Foster Family Home - Deficiency Report

Provider ID: 1-514986

Home Name: Marcelina Saoit, CNA
94-585 Pilimai Street
Waipahu HI 96797

Review ID: 1-514986-20
Reviewer: Ryan Nakamura
Begin Date: 9/4/2025

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: 9/4/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #2.

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Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search conducted for HHM#4.

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Personnel and Staffing

[11-800-41]

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric Registry search conducted for CG#1 and CG#4.

41.(b)(7): Evidence present in CCFFH records of lapse of TB clearance for CG#1, CG#2, and CG#3. TB clearance was due by 2/20/2025 and completed 4/29/2025 for CG#1, TB clearance was due by 3/01/2025 and completed for 5/06/2025 for CG#2, TB clearance was due by 3/02/2025 and completed 5/02/2025 for CG#3.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3P)(a)(5) Staff: No evidence present in CCFFH records of 12 hours of annual in-service training in the past 12 months or 24 hours of annual in-service training in the past 24 months. Certificates present in CCFFH records did not state the hours and stated "This certificate is not eligible for continuing education units".

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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 delegation was given for rectal suppository medication administration by client #2's case management agency for all caregivers.

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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;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #2. Last service plan present was dated 3/22/2024.

54.(c)(5): No documentation present of medication administration from 12/24/2024-12/31/2024 for client #1.

54.(c)(6): No documentation present in client records of progress notes by caregivers since client's admission to CCFFH for client #1 and no documentation present since 8/30/2024 for client #2 of any events that impacted the clients' safety, life, health, or provisions of care. No documentation present of events occurred prior to hospitalization for client #1 on 5/5/2025.

No evidence present in client records of Case management RN or social worker visits occurred monthly for client #2. Last documentation of a visit occurred was dated 1/14/2025.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #2.



Compliance Manager
Primary Care Giver



9/4/25
Date
9/4/25
Date