

Foster Family Home - Deficiency Report

Provider ID: 1-509648

Home Name: Roina Dumalag, CNA
94-1107 Hilihua Place
Waipahu HI 96797

Review ID: 1-509648-19
Reviewer: Maribel Nakamine
Begin Date: 8/13/2025

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 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 8/13/25).

Foster Family Home

Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#2's APS/CAN lapsed on 8/3/24 and was not renewed until 8/31/24. HHM#2 and HHM#3's APS/CAN lapsed on 10/19/24 and no current results were present.

Foster Family Home

Personnel and Staffing

[11-800-41]

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

Comment:

41.(a)(2)- CG#1, CG#2, CG#3, and CG#4 were without the Prometric CNA Registry Checks results.

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 #1 with use of full bedrails. No MD order.

Maribel Nakamine, RN 8/13/25
Compliance Manager Date 8/13/25
Roina Dumalag Primary Care Giver Date 8/13/25