

Foster Family Home - Deficiency Report

Provider ID: 1-230027

Home Name: Amelita Cabudol, CNA

Review ID: 1-230027-8

94-280 Kahualena Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/21/2026

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 10 business days of inspection (inspection date: 1/21/2026).

Foster Family Home Personnel and Staffing [11-800-41]

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

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): CNA certificate and prometric verification registry present in CCFFH records expired for CG#4, CG#6, and CG#7.

41.(b)(8): First aid/CPR training present in CCFFH records expired for CG#2, CG#4, CG#6, and CG#7. Training was due by 5/30/2025 for CG#4 and CG#6. Training was due by 8/15/2025 for CG#7.

Bloodborne pathogen training was due by 1/2/2026 for CG#4 and CG#5 and 1/7/2025 for CG#7.

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.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3p)(a)(5) Staff: No hours in the past 12 months and 14 hours of in-service training present in the past 24 months for CG#4.

No hours in the past 12 months and 14 hours of in-service training present in the past 24 months for CG#5.

(3P)(b)(2) Staff: No evidence present of caregiver sign-in and out log initiated by CCFFH.

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 of RN delegations given by client #2's case management agency for CG#4 and CG#7.

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Fire Safety

[11-800-46]

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence present of fire drills conducted at CCFFH in months from 5/2025 to 12/2025.

46(b)(2): No evidence present in CCFFFH records of CG#1, CG#2, and CG#4 in the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

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

Comment:

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

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

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

Comment:

49.(b)(3): No documentation present in client records of written consent/acknowledgement of use camera in client bedroom and common living areas for client #1 and client #3.

49.(c)(3): Exit ramp to front door is partially broken (large hole).

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b): Evidence of medication error of amount of Metoprolol administered to client #2. Physician order and medication administration record (MAR) stated Metoprolol 25mg 1 tablet PO daily but medication label stated Metoprolol 50 mg 1 tablet PO daily. CG#1 stated that she administered 50mg 1 tablet as the medication label stated. Adverse event must be completed for medication error.

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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;

Comment:

54.(c)(2): Last service plan present in client #3's records dated 9/18/2024 and was due by 3/2025.

54.(c)(5)(6): No daily documentation of medication and ADL/skilled nursing checklist for client #1, client #2, and client #3. No documentation present from 10/01/2025-1/21/2026 for client #1, 01/01/2026 to 1/21/2026 for client #2, and 11/01/2025 to 1/21/2026 for client #3.

No evidence present in client records of RN/SW monthly visits conducted by client #1's case management agency for 10/2025-12/2025.



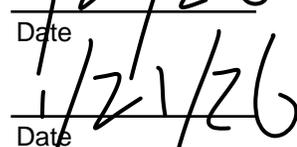
Compliance Manager



Primary Care Giver



Date



Date

1/21/2026 3:08:25 PM