

Foster Family Home - Deficiency Report

Provider ID: 1-250033

Home Name: Candace Sado, CNA

Review ID: 1-250033-3

91-1016 Maomao Loop

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 1/8/2026

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 visit made for a 2-bed recertification inspection.

Deficiency Report emailed to CG#1 with plan of correction due to CTA within 30 days of inspection (issued on 1/9/26).

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No basic skills checklist present for CG#2, CG#3, and CG#5 in Client #1's chart/records.

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 RN delegations on Oral Medications Administration for CG#2, CG#3, and CG#5 for Client #1.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(2) Inspection of service sites;

Comment:

50.(e), (2)- CCFFH with a gate and no gate bell/buzzer present for agency to have quick access to the CCFFH.

Maribel Nakamine, RN
Compliance Manager

1/9/26
Date

CANDACE ENNA SADO
Primary Care Giver

1/9/2026
Date