

# Foster Family Home - Deficiency Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-20

94-168 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/26/2025

## 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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/26/25).

## Foster Family Home Background Checks [11-800-8]

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

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

Comment:

8.(a)(1), (2)- CG#1 and CG#2's APS/CAN lapsed on 10/21/25 and Ecrim for both lapsed on 11/3/25. No current results were present for CG#1 and CG#2.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.

## 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.

Comment:

47.(c)- No list of medications' side effects was present for Client #1.

## Foster Family Home Client Rights [11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13)- Client #1's bedroom closet with CG#1's personal items such as pots and pans, video discs, etc. stored inside the client's closet.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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;

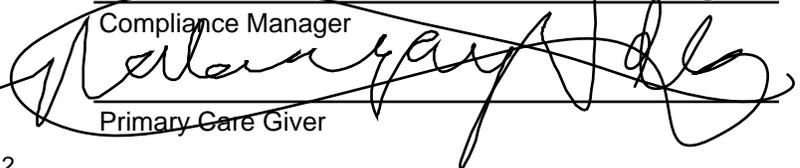
Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Client's Medication Administration Record (MAR) for November 2025 was last signed/completed on 11/16/25.

Client #2- Client's MAR for November 2025 was last signed/completed on 11/16/25. Client's insulin glargine dose on the medication label (16 units) and MD order (16 units) did not match client's November 2025 MAR (12 units). One medication (Guaifenesin) was not discontinued in client's November 2025 MAR.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last signed/completed on 11/16/25.

  
Compliance Manager  
  
Primary Care Giver

 11/26/25  
Date  
11/26/25  
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Carmelita V. Makolo  
(PLEASE PRINT)

CCFFH Address: 94-168 Kupuna Loop Waipahu, HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8(a)(1)	CG#1 and CG#2 obtain the Ecrim on the Fieldprint Hawaii and put on home binder.	12/15/25	Make sure there is a red alert mark or alert sounds on the computer or cellphone to renew files 3 months before the lapsed.
(3p)(b)(2)	Conducted fire drill on 12/11/25 at 9am and put home binder. Found fire drill conducted on 4/15/25 time is 6pm and put on home binder.	12/11/25	Make sure to held fire drill on different times of each month of the year. Make scheduled calendar and put red mark on it.
47(c)	Obtain medication list side effect from [REDACTED] and fax it to us and put in client#1 binder.	12/21/25	Make sure upon admission all medication list side effect is in the client's binder. Inform case management to bring medication list and medication side effects upon admission.
53(b)(13)	Clean client #1 bedroom closet and put CG#1 items in the storage.	12/22/25	Make sure no personal belonging of CG is inside client's closet upon admission.
54(c)(5)	Call Client#1 and #2 Case Management to updated MAR and double check with Physician medication order list make sure it matches. Let CM fax us updated MAR and put into client#1 and #2 binder.	12/19/25	Keep calling CM for updated MAR until it's fax and put in client's binder. PCG double check the bottle label and MAR match the name of client's as will as the medication name, if it doesn't match inform Case Management.

All items that were corrected are attached to this POC

PCG's Signature: Carmelita Makolo

Date: 12/25/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFH Certificate: Carmelita V. Makolo  
(PLEASE PRINT)

CCFH Address: 94-168 Kupuna Loop Waipahu, HI 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(6)	Client's #1 ADL flowsheet updated and put in client's binder.	12/20/25	PCG make a clipboard with client's flowsheet and take with her everyday fill it up and updated it and sign it. Make an alert on cellphone for reminder.

All items that were corrected are attached to this POC

PCG's Signature: Cmakalo

Date: 12/25/25

CTA has reviewed all corrected items