

Foster Family Home - Deficiency Report

Provider ID: 1-240024

Home Name: Carmelita Sabillo, CNA

Review ID: 1-240024-5

91-1157 Garton Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 1/30/2026

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 1/30/26).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- CG#2 without a Job Experience form completed.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

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

Comment:

49.(a)(1)- No non-slip surface present on clients' shower floor bathroom.

49.(a)(6)- Emergency exit pathway ramp was obstructed with buckets, plastic basins, etc.

49.(c)(3)- Used water in Clients' bathroom sink was slow draining. Drain appeared to be clogged.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 and Client #2's closets contained some items (computer hard drive, hula implements, etc.) that belonged to CCFFH's household members.

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)- Client #1's January 2026 Medication Administration Record (MAR) was incomplete. There were 5 scheduled medications that were not signed as given from 1/22/26- 1/30/26 (am & pm doses). There were 6 scheduled medications that were not signed from 1/28/26-1/30/26 (am & pm).

Client #2's medication (valproic acid) with missing signatures from 1/15/26-1/30/26 (am & pm). There were 5 medications that were signed from 1/1/26-1/9/26, however, client was not yet admitted in the CCFFH during those dates. Client was admitted on 1/15/26. Medications were not signed from 1/15/26 - 1/30/26 (am & pm).

54.(c)(6)- Client #1's ADLs/Client Care Flowsheet was last completed on 1/21/26.



Compliance Manager
Date 1/30/26

Primary Care Giver
Date 1/30/26