

# Foster Family Home - Deficiency Report

Provider ID: 2-150077

Home Name: Cecilia Belmes, CNA

Review ID: 2-150077-21

17-213 Palaaia Street

Reviewer: Maribel Nakamine

Kea'au HI 96749

Begin Date: 2/23/2026

## 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 corrections due to CTA within 10 business days (issued on 2/23/26).

## 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;

Comment:

8.(a)(1)- CG#6 without any Fingerprint result present.

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

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

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2)- CG#6 Prometric check result expired 1/31/26- no current search result was present.

41.(b)(1)- CG#4 without an ID present.

41.(b)(4)- CG#2 without a Substitute Caregiver Disclosure.

41.(b)(7)- CG#2's TB clearance lapsed on 1/8/25 and renewed on 8/22/25.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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)(b)(2)Staff- CG#1(Primary Caregiver) was not present today in CCFFH. No Sign Out/In recorded.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fire Safety

[11-800-46]

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(b)(1)- CCFFH with 2 bedbound and 1 wheelchair bound clients. All clients will need assistance in the event of an emergency evacuation. There was only CG#6 designated person in an event of emergency evacuation.

## 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#4's last monthly fire drill conducted was on 12/4/24- past 12 months.

## Foster Family Home

## Physical Environment

[11-800-49]

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

Comment:

49.(c)(3)- Clients' bathroom sink without hot water. Per CG#6- hot water pipe was broken/non-functioning.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- Client #1 with wounds/bedsores to bilateral buttocks- no Adverse Event form was present in client's chart /records.

## Foster Family Home

## Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.


Client #1- September 2025's Medication Administration Record(MAR) was not signed on 9/30/25. Cetirizine dosage label and MD order/medication list did not match the client's MAR. Atorvastatin was not written in the client's MAR. Vitamin D3 was not written in the MAR. Client's scheduled medications for 8:00am 2/23/26 were not signed.


Client #2- Client's MAR was not signed for today's 8:00am(2/23/26) medications doses.


Client #3- Client's MAR was not signed for today's 8:00am (2/23/26) medications doses. Losartan was not available on hand during review of client's medications- per CG#1, medication had been discontinued although signatures/initials were present from 2/1/26- 2/22/26.

54.(c)(8)- No evidence that Client #1's Personal Inventory of belongings had been initiated/maintained.

  
Compliance Manager

  
Date 2/23/26

  
Primary Care Giver

  
Date 2/23/26