

Foster Family Home - Deficiency Report

Provider ID: 1-240029

Home Name: Darlene Del Rosario, NA

Review ID: 1-240029-6

94-559 Ana'aina

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/15/2026

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 with plan of correction due to CTA within 10 business days from date of issuance (issued on 1/19/26).

6.d.1- Client #2 without an 1147 present in client's chart/records.

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)- No sex offender search results present for CG#1 and CG#2.

8.(a)(1), (2)- CG#1's APS/CAN/Fingerprint or Ecrim expired on 3/15/25 and CG#2's APS/CAN/Fingerprint or Ecrim expired on 4/18/25. Both were without the current documents present.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) - CG#1's TB clearance expired on 2/28/25 and CG#2's expired on 3/27/25. Both were without the current clearance results.

41.(b)(8) - CG#1 and CG#2's bloodborne pathogen and infection control training expired on 12/28/25 and no current certificates for each caregiver were present.

41.(c)- CG#1 was short of 6 hours of annual in-service training for the year 2025.

Foster Family Home - Deficiency Report

Foster Family Home

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)(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

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

Comment:

46.(a)- CCFFH's last monthly fire drill conducted was dated 1/22/25.

46.(b)(1)- Client #1 -bedbound; Client #2 needs assistance to transfer out of bed. 2nd client without a designated person available to assist at all times in the event of emergency evacuation.

46.(b)(2)- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months (last in record- 12/28/24).

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)- Client #1 without a list of medications side effects in chart/records.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Client #2's bedroom doorway with 2-steps up. No wheelchair/walker accessibility to CCFFH's kitchen/bathroom/living room/common areas.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)- CCFFH without evidence of adequate financial resources. Bank statement with negative balance.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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.(b), (b)(1)- Client #2's chart was difficult to review as chart was in disarray.
- 54.(c)(2)- Client #2's Service Plan/HAP expired on 5/20/25.
- 54.(c)(5)- Client #1 without a January 2026 Medication Administration Record (MAR). December 2025 MAR was last completed/signed on 12/20/25.
- Client #2 without a MAR present/initiated since 11/20/24 till present.
- 54.(c)(6)- Client #1 without an ADLs/Daily Care Flowsheet for January 2026. Last signed/completed was on 12/19/25.

Maibelle Nakamine RN 1/19/26
Compliance Manager Date

Primary Care Giver

Date