

# Foster Family Home - Deficiency Report

Provider ID: 1-230038

Home Name: Deborah O'Dell, NA

Review ID: 1-230038-8

2304 Hoo Hai Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/27/2026

## 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 inspection made for a 2-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/27/26).

## 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;

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#2's APS/CAN and Ecrim expired on 2/16/26 and no current result were 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#3's TB clearance lapsed on 4/23/24 and renewed on 4/5/25.

41.(b)(8)- CG#3 without evidence of having a current blood borne pathogen and infection control training.

41.(c)- CG#3 was short of 6 hours of the required 8 hours of annual training for the year 2025.

## 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)- CG#3 without evidence of having been delegated for Client #1's RN delegation on Oral medications, Insulin subcutaneous injection, nasal, topical, and nebulizer treatments.

43.(c)(3)- CG#1 and CG#3 were without evidence of having been delegated for Client #2's wound care.

# Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

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 #2's door without a lock from the inside. Under the My Choice My Way, client should be provided a lockable door for privacy.

53.(b)(9)- Client #1, Client #2, and CCFFH's kitchen/dining area were with video surveillance system. No written consents present from both clients.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Client #1's Medication Administration Record(MAR) for the month of February 2026- Memantine's dose was listed as 100mg and MD's order and medication's bottle label were 10mg. Discrepancy between the MAR and MD's order/medication bottle.

Maibelle Nakamine RN 2/27/26  
Compliance Manager Date  
Deborah O'Dell 2/27/26  
Primary Care Giver Date