

# Foster Family Home - Deficiency Report

Provider ID: 2-160026

Home Name: Dy Elma Akiyama, CNA

Review ID: 2-160026-18

124 Alaloa Road

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 1/21/2026

## 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 from date of inspection (issued on 1/21/26).

## 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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1's TB clearance 9/10/25 and CG#2's TB clearance 12/5/25 were not documented on DOH approved forms.

41.(b)(8)- CG#1's bloodborne pathogen training expired on 8/7/25 and no current document was present. CG#2's lapsed on 8/7/25 and was renewed on 1/14/26.

41.(g)- No basic skills checks completed by CG#2 and CG#7 in Client #1's chart.

## 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#2, CG#3, and CG#7 were without evidence of having received the RN delegations on Oral/Topical/Ophthalmic Medications Administration for Client #1 and Client #2.

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

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1), (6)Fire- CCFFH's last monthly fire drill was on 1/2025; no monthly fire drills for the past 12 months. CG#2, CG#3, and CG#7 were without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

## 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 present for Client #1.

## 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)- Client #1's bedroom window sills were dusty and noted several dead insects.  
49.(c)(3)- Client #1's closet doors were broken; difficult to open/close.  
49.(c)(3)- Clients' bathroom faucets with grayish/blackish stains/dirt at the base of the faucet.

## 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, CG#3, and CG#7 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 #1 with use of a video camera/surveillance inside the bedroom. No consent from POA was present in client's chart/records.

## 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:

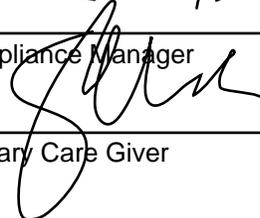
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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)- No caregivers'/writers' signatures after each dated entry in Client #1's progress notes/observation notes.  
54.(c)(2)- Client #1's Service Plan dated 8/4/25 without the POA's signature. Pages 2-6 were missing.  
54.(c)(5)- Client #2's Medication Administration Record (MAR) was last completed/signed on 1/19/26. The medication Benzonatate was not written in the client's MAR.  
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last completed on 1/19/26.

  
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Compliance Manager  
  
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Primary Care Giver

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