

Foster Family Home - Deficiency Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

Review ID: 1-620808-19

92-587 Awawa Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 1/29/2026

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 1/29/26).

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 and Client #2's windows/jalousies/screens were very dusty.

49.(c)(3)- Clients' bathroom sink/pipe broken- used water was observed to be draining in a bucket underneath the sink.

49.(c)(3)- Oxygen tanks (2) were not stored properly- was not on an oxygen tank stand to prevent from falling over.

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#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Famotidine/Pepcid was not written/transcribed in Client #2's December 2025 and January 2026 Medication Administration Records (MARs).



Compliance Manager
Date: 1/29/26



Primary Care Giver
Date: 1/26/26