Foster Family Home - Deficiency Report

Provider ID:	**1-634677**		
Home Name:	**Feby Adviento, NA**	**Review ID:**	**1-634677-17**
1452 Alani Street, Unit A		Reviewer:	Ryan Nakamura
Honolulu HI 96817		Begin Date:	1/2/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/5/2026).

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): Evidence of lapse of 2nd set of criminal background checks for CG#3. Background check was due by 10/21/2025 and completed 1/5/2026.

8.(a)(2): 2nd set of APS/CAN clearance was due by 10/21/2025 for CG#3.

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): No evidence present in CCFFH records of current TB clearance for CG#3. TB clearance was due by 8/17/2025.

41.(b)(8): CPR/First aid training present in CCFFH records expired 12/20/2025 for CG#1 and 12/28/2025 for CG#2.

No evidence present in CCFFH records of current bloodborne pathogen training completed for CG#3. Training was due by 9/10/2025.

41.(c): No hours of annual in-service training completed in 2025 present in CCFFH records for CG#3.

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): No RN delegations given for ear drop medication administration for client #1 for all caregivers.

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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.

Comment:

46.(a): No evidence present in CCFFH records of fire drill conducted for months of 10/2025, 11/2025, and 12/2025.

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.

47.(d)(1) By order of a physician;

Comment:

47.(c): No list of side effects of current medications present in client #1's records.

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #1.

Foster Family Home	Records	[11-800-54]

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

Comment:

54.(c)(2): Last service plan present in client #1's records was dated 2/12/2025 and due by 8/2025.

Compliance Manager — Date 1/5/26

Primary Care Giver — Date 1/5/26