

Foster Family Home - Deficiency Report

Provider ID: 2-230014

Home Name: Geraldine Ramos, CNA

Review ID: 2-230014-8

96-3214 Hau Street

Reviewer: Ryan Nakamura

Pahala HI 96777

Begin Date: 2/13/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/13/2026).

6.(d)(1): No current 1147 assessment present in client #1's records.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality policy training completed for CG#4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check for CG#1, CG#3, and CG#4.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#3 and CG#4.

41.(b)(8): First aid training was due by 1/20/2026 for CG#1.

No evidence present in CCFFH records of first aid training completed for CG#4.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No evidence present in CCFFH records of caregiver sign-in and out initiated.

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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 evidence present in client #1's records of RN delegations given for CG#4.

Foster Family Home

Fire Safety

[11-800-46]

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

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

Foster Family Home

Records


[11-800-54]

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

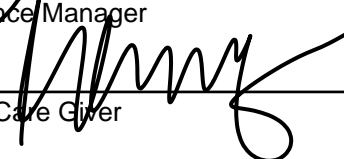
Comment:

54.(c)(5): Discrepancy noted in client #2's medication administration record (MAR) for Brimonidine. MAR order stated Brimonidine eye drop 1 drop in both eyes every morning but physician order is three times a day.

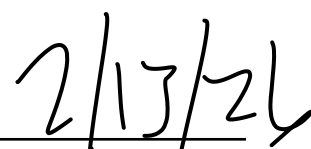
Carvedilol was not listed on client #2's current MAR. No documentation of medication administration for Carvedilol.



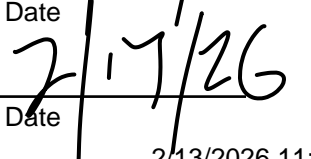
Compliance Manager



Primary Care Giver



Date



Date