

# Foster Family Home - Deficiency Report

Provider ID: 1-510364

Home Name: Jocelyn Ramelb, CNA

Review ID: 1-510364-19

94-1079 Lumiaina Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/7/2025

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/07/2025).

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(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 documentation of caregiver sign-in and out had been updated when change of caregiver on duty. Last documentation present in CCFFH records was dated 8/5/2023.

## 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;



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.(c)(2): CTA unable to review services addressed in current service plan for client #2. Documentation present in current service plan dated 9/21/2025 only contained the signature page.

54.(c)(5)(6): No documentation present of daily documentation present of medication administration and ADLs/skilled nursing checklist for client #2. Last dated documentation was 10/01/2025.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/7/25  
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Date  
10/7/25  
\_\_\_\_\_  
Date