

Foster Family Home - Deficiency Report

Provider ID: 1-200020

Home Name: Lovi Valencia, CNA

Review ID: 1-200020-13

94-369 Kahuapaa Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/27/2026

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 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: 1/27/2026).

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): Criminal background check was due by 7/11/2025 for HHM#2 and HHM#3.

No evidence present in CCFFH records of sex offender registry completed for HHM#2 and HHM#3.

8.(a)(2): APS/CAN clearance was due by 7/13/2025 for HHM#2 and HHM#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 evidence present of rectal suppository medication administration RN delegations given for client #2 for all caregivers.

Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1): No evidence present in client records of physician order use of bed side rails for client #2.

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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;

Comment:

54.(c)(2): No client signature present of current service plan dated for client #2.

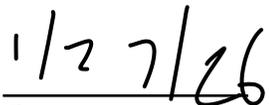
54.(c)(5): Atorvastatin medication not listed on client #1's medication administration record (MAR). No documentation present of medication had been administered.



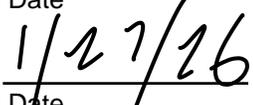
Compliance Manager



Primary Care Giver



Date



Date