

Foster Family Home - Deficiency Report

Provider ID: 1-170087

Home Name: Marian Nakahashi, RN
2351 Aumakua Street
Pearl City HI 96782

Review ID: 1-170087-16
Reviewer: Ryan Nakamura
Begin Date: 11/4/2025

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 by within 30 days of inspection (inspection date: 11/3/2025).

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 in client records of RN delegations given by client #2's case management agency for CG#3, CG#4, and CG#5.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5): Discrepancy noted in medication administered compared to instructions listed in medication administration record (MAR) and physician order for client #1's Vitamin D3. Medication order stated that client #2's Vitamin D3 2000iu 1 capsule PO daily and CG#1 verbally stated that medication is administered as Vitamin D3 1000iu 1 capsule PO Daily.



Compliance Manager



Primary Care Giver

11/3/25

Date

11/3/25

Date