

Foster Family Home - Deficiency Report

Provider ID: 1-140047

Home Name: Marilou E. Guieb, NA

Review ID: 1-140047-18

215 Thomas Street

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 3/3/2026

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 10 business days (inspection date: 3/3/2026).

6.(d)(1): 1147 assessment present in client #1's records expired on 7/1/2025.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): TB clearance was due by 2/23/2026 for CG#1.

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 #2's records of RN delegations of nebulizer and inhalation medication administration for client #2 for all caregivers.

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.

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

46.(a): Documentation present in CCFFH records of fire drill conducted 3/8/2026 but CTA inspection occurred on 3/3/2026.

46.(b)(1): 2 clients at CCFFH during CTA inspection were non-ambulatory and one person (CG#3) present at CCFFH. CG#3 unable to identify designated person available to assist in evacuating clients.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence of written consent/acknowledgement signed by client/POA of use of camera/baby monitor in client's bedroom for client #2.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): No documentation present in CCFFH records of current automobile insurance coverage. Last automobile insurance policy declaration that ended on 10/21/2025 only had \$50,000 bodily injury damage per person coverage.

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:

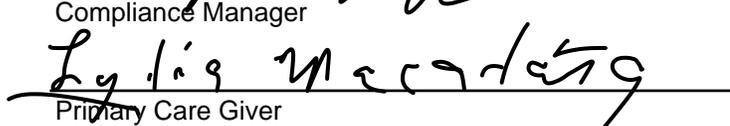
54.(c)(2): Service plan present in client #1's records was dated 7/18/2025 and was due by 1/18/2026.

54.(c)(5): Discrepancy noted in client #2's medication administration record (MAR) and medication label for Olanzapine. MAR stated olanzapine 7.5mg PO TID but medication label stated 5mg PO BID. Olanzapine was documented as administered twice a day. No documentation present in client #2's records of either physician order (MAR or medication label).

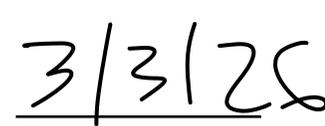
54.(c)(5)(6): No daily documentation present of MAR and ADL/skilled nursing checklist from 3/1/2026 to 3/3/2026 for client #2. No MAR available for the month of 3/2026 present of client #2.

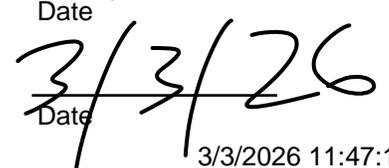
54.(c)(6): No documentation present in client #2's records of inventory of personal belongings.



Compliance Manager


Primary Care Giver



Date


Date