

Foster Family Home - Deficiency Report

Provider ID: 1-591372

Home Name: Marylo Farinas, CNA

Review ID: 1-591372-19

91-1057 Aeae Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 9/25/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/25/25.

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff - No current Prometric Verification Report for CG #3.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG #5 did not lead a fire drill in the last 12 months.

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

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) - No RN delegations done for CG#3, CG #4, and CG #5 for client #3.

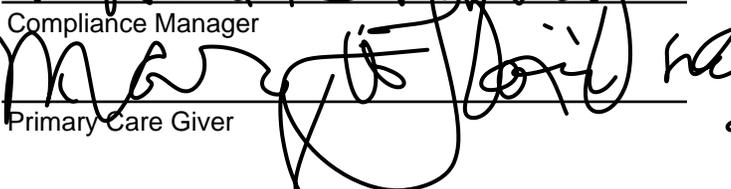
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Needs current Service Plan. Expired 6/2025.


Compliance Manager
Date 9/25/2025


Primary Care Giver
Date 9/25/25