

Foster Family Home - Deficiency Report

Provider ID: 1-563264

Home Name: Melanie Badua, CNA

Review ID: 1-563264-19

1415 Auld Lane

Reviewer: Ryan Nakamura

Honolulu

HI 96817

Begin Date: 1/5/2026

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 annual inspection. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/5/2026).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#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 RN delegations given for suppository medication administration for client #1 for all caregivers.

43.(c)(3): No RN delegations given for topical and subcutaneous medication administration for client #3 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.

Comment:

46.(a): No evidence present in CCFFH records of monthly fire drills were conducted from 6/2025 to 12/2025.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1): No non-slip surface mat available for client's shower area.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Belongings found in client #1's bedroom that do not belong to the client. All belongings found in client bedrooms must belong to the client.

Foster Family Home

Records

[11-800-54]

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): Discrepancy noted in client #2's Sertaline order present in client's medication administration record (MAR) compared to physician order. MAR stated Sertaline 150mg tablet take 1 1/2 tablets by mouth daily but physician order/label stated Sertaline 100mg tablet take 1 1/2 tablets by mouth daily.

54.(c)(5)(6): No daily documentation of medications and ADL/skilled nursing checklist for client #1, #2, and #3. No documentation of ADL/skilled nursing since 12/31/2025 for client #1. No documentation of medication administration and ADL/skilled nursing since 12/9/2025 for client #2. No documentation of medication and ADL/skilled nursing since 12/17/2025 for client #3.

54.(c)(8): No evidence present in client's records of inventory of personal belongings for client #1.



Compliance Manager

Primary Care Giver

1/5/26

Date
1/5/26

Date