

# Foster Family Home - Deficiency Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-21

96-137 B Waiawa Road

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 1/13/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

CCFFH is applying for increase from 2 beds to 3 beds.

Client #2 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 1/14/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41(a)(2) CG#2, #3, and #4 are not approved to work in a three beds CCFFH.

41(a)(3) No job experience form present for CG#2, #3, and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance expired, was due on/before 12/13/2025.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH.

# Foster Family Home - Deficiency Report

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 11/30/2025.

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)(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:

(c)(2) No current signature of POA for service plan present for Client#1.  
No current service plan present for Client #2. Last one in records was on 2/2025.

54(c)(6) Client #2 did not have evidence of RN monthly visit notes from 2/2025 through 5/2025; and from 7/2025 through 12/2025.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date