

Foster Family Home - Deficiency Report

Provider ID: 1-100108

Home Name: Miriam Brillante, CNA

Review ID: 1-100108-19

35 Makani Avenue

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 9/10/2025

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 within 30 days of inspection (inspection date: 9/10/2025)

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1, CG#3, and CG#4.

41.(f)(1): Evidence of lapse of TB clearance for CG#3. TB clearance was due by 2/24/2025 and completed 5/20/2025.

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 were given by client #1's case management agency for CG#3 and CG#4.

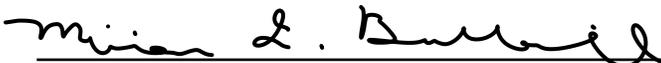
Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #1.



Compliance Manager


Primary Care Giver

9/10/25

Date
9/10/25

Date