

Foster Family Home - Deficiency Report

Provider ID: 1-190100

Home Name: Miriam G. Feliciano, CNA

Review ID: 1-190100-16

819 Ala Liliko'i Street #1

Reviewer: Maribel Nakamine

Honolulu HI 96818

Begin Date: 9/18/2025

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/18/25).

6.d.1- Client #2 without an 1147 document in chart.

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 for oral medication/subcutaneous injection for insulin on Client #2 for CG#3 and CG#4.

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

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

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill for the past 12 months.

(3P)(b)(6)Fire- CG#3 without evidence of having conducted a monthly fire drill for the past 12 months- last conducted was on 6/15/24.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#4 without evidence of having been trained with the CCFFH Emergency Preparedness Plan.

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)- Client #3's Service Plan lapsed on 5/8/25 and no current service plan was present in client's chart.


Compliance Manager

9/18/25
Date


Primary Care Giver

9/18/25
Date