

Foster Family Home - Deficiency Report

Provider ID: 1-558900

Home Name: Priscila Lana, CNA

Review ID: 1-558900-19

94-1114 Lumikuke Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 1/17/2026

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 recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 1/16/2026).

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

41.(b)(2) Have no physical or mental disabilities that would prevent their being able to meet the daily needs of clients on a twenty-four basis;

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).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(2): CG#1 verbally to CTA that she had a stroke in 7/2025. CG#1 is required to obtain a signed doctor's statement of medical clearance that CG#1 has no limitations and can provide 24/7 personal care, homemaker services, and transportation to 3 nursing facility level of care clients.

41.(b)(4): CG#1 did not update primary caregiver disclosure form of change of health condition.

No substitute caregiver disclosure form present in CCFFH records for CG#3.

41.(b)(7): Current TB clearance documented on unapproved DOH form and not signed by MD/APRN/DO/NP.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training completed for CG#1, CG#2, and CG#3. Training was due by 1/07/2026.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted for months of 12/2025, 11/2025, 8/2025, 6/2025-3/2025.

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No documentation present in client records of list of side effects of current medications for client #1.

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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;

Comment:

54.(c)(5): Discrepancy noted in client #1's Olanzapine physician order compared to client's medication administration record (MAR). Physician order stated Olanzapine 7.5mg given at bedtime and additional 2.5mg PO daily as needed but MAR stated 10mg given at bedtime and additional 2.5mg PO daily as needed.

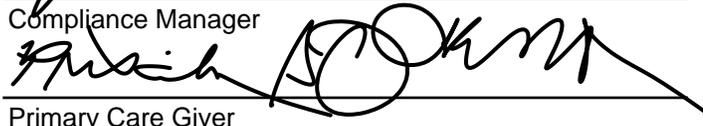
No documentation of medication administration from 1/1/2026 to 1/16/2026 for client #1.

54.(c)(6): No documentation of ADLs/skill nursing checklist from 12/11/2025 to 1/16/2026 for client #1.

No evidence of RN/SW monthly visits from client #1's case management agency for months of 10/2025, 11/2025, and 12/2025.



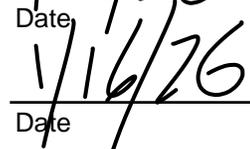
Compliance Manager



Primary Care Giver



Date



Date