

Foster Family Home - Deficiency Report

Provider ID: 1-230003

Home Name: Roma Mendoza, CNA

Review ID: 1-230003-9

94-386 Lehopulu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/1/2025

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 10/1/25).

6.d.1- Client #2's 1147 lapsed on 9/30/25 and no current 1147 document in client's chart.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed on 10/21/24 and was not renewed until 4/1/25.

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

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

Comment:

41.(b)(7)- CG#6's TB Clearance lapsed on 1/22/25 and was not renewed until 3/28/25.

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

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event forms completed for Client #1's wounds on the left & right great toes on separate events - 4/24/25 and 5/13/25.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- Client #1's progress/observation notes with missing signatures of writer from 3/4/25-9/4/25 after each dated entry.

Maribel Nakamine RN

Compliance Manager

Primary Care Giver

10/01/25

Date

Date