

# Foster Family Home - Deficiency Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

Review ID: 1-190050-17

4043 Keaka Drive

Reviewer: Maribel Nakamine

Honolulu HI 96818

Begin Date: 2/26/2026

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/26/26).

6.d.1- Client #1's 1147 expired on 7/30/25 and no current document was present in client's chart/records.

## 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 present for Oral Medications and Insulin subcutaneous injection for CG#3 and CG#5 for Client #2.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- CCFFH's last monthly fire drill completed was dated 4/21/25. No monthly fire drills from May 2025 through January 2026.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Clients' bathroom with strong smell of human urine. Laundry basket/hamper was noted to have stained bed sheets.

## 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#2, CG#3, CG#4, and CG#5 were without evidence of having been trained with CCFFH 's Emergency Preparedness Plan.

# Foster Family Home - Deficiency Report

Foster Family Home

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)- Client #1's Medication Administration Record(MAR) for February 2026 was signed ahead- until 2/28/26. Client #2's MAR was last signed on 2/10/26. No signatures from 2/11/26-2/26/26 (am).

54.(c)(6) - No RN monthly visit summary for the months of March 2025 thru December 2025 in Client #1's chart. Last monthly RN visit summary was on 2/22/25.



Compliance Manager

Date

Primary Care Giver

Date