Foster Family Home - Deficiency Report

Provider ID:	**1-240086**		
Home Name:	**Rowena Valdez, NA**	**Review ID:**	**1-240086-4**
1261 Nanakai Street		Reviewer:	Maribel Nakamine
Pearl City HI 96782		Begin Date:	2/24/2026

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/24/26).

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- CG#2 without evidence of having been checked with the Basic Skills for Client #1.

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.

Comment:

46.(a)- No nighttime monthly fire drill conducted by the CCFFH.

Foster Family Home **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.

47.(d) Use of physical or chemical restraints shall be:

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

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c)- No list of medications' side effects present for Client #1.
47.(d), (d)(1)- No MD order for Client #1's use of full bedrails. Also use of client's full bedrails was not reflected/addressed in client's Service Plan/HAP dated 10/2/25.

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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)- Client #1's window jalousies and screens were dusty; several of the window latches were broken/missing. CCFFH's living room window jalousies were very dusty; latches were missing/broken.

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:

50.(b) Adverse events shall be reported

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.
50.(b)- No Adverse Event was completed for Client #1's skin integrity impairment sustained on 10/4/25.

Foster Family Home	Insurance Requirements	[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy expired on 4/25/2025; no current policy statement present.

Foster Family Home	Client Rights	[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client’s dignity and individuality, including privacy in treatment and in care of the client’s personal needs;

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(9)- Clients' bathroom without a lock from the inside. Per My Choice My Way- a lock on the inside should be available for client's privacy.
53.(b)(13)- Client #1's closet with CG#1's belongings being stored- 3 large bins of household items.

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Foster Family Home	**Records**	**[11-800-54]**

54.(a)(1)	Emergency procedures and an evacuation map;
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:
54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
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;
54.(c)(8)	Personal inventory.

Comment:

54.(a)- CCFFH's Emergency/Evacuation Map was not updated.
54.(b)- No signatures after each dated entries for Client #1's observation/progress notes from 10/2/25- 1/21/26.
54.(c)(2)- Client #1's Service Plan dated 10/2/25 without the POA's signature.
54.(c)(5)- Client's February 2026 Medication Administration Record (MAR) for 2/23/26 pm doses without the caregiver's initials/signatures that client was administered the medications. Acetaminophen dosage discrepancy noted on client's February 2026 MAR- MD ordered 325 mg 2 tabs; bottle label 500 mg 1 tab; MAR 500 mg.
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was incomplete; last completed was on 2/22/26.
54.(c)(8)- No evidence that CCFFH initiated/maintained Client #1's Personal Inventory of Belongings.

Compliance Manager — Date 2/24/26

Primary Care Giver — Date 2/24/26