

# Foster Family Home - Deficiency Report

**Provider ID:** 1-230025

**Home Name:** Ruel V. Rivala, CNA

**Review ID:** 1-230025-7

91-1093 Kauiki Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 1/22/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 02/02/2026.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program. The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1. The 1147 on file expired 11/10/2025.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) TB clearance lapsed for CG#4, was due on/before 12/15/25 and was done on 11/15/24.

41.(f)(1) No current TB clearance for HHM# 1 & 2. TB exclusion does not work for this house, as HHM's share air and living space.

Foster Family Home	Fire Safety	[11-800-46]
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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) - Last fire drill present in record was documented on 11/13/25. No fire drill documentation present for December 2025. Not citing for Jan. 2026 as there is still time to complete.

46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.

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Foster Family Home

Records

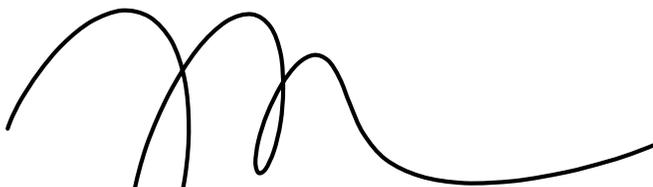
[11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c),54(c)(2) No current service plan present for Client# 1. NO SERVICE PLAN in client #1 Binder.



LPN

Compliance Manager



Primary Care Giver

01/22/2026

Date

01/22/2026

Date