

Foster Family Home - Deficiency Report

Provider ID: 1-210041

Home Name: Sharmaine Andres, CNA

Review ID: 1-210041-11

91-726 Koalipehu Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 1/27/2026

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 1/27/26).

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#4's APS/CAN lapsed on 6/6/25 and renewed on 7/28/25.

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4)- CCFFH with active home renovation; no evidence that CCFFH informed CTA.

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#1's TB clearance lapsed on 4/28/24 renewed on 6/20/25.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CCFFH's last entry on the Sign Out/In form was on 5/29/24. No evidence that CCFFH was utilizing NA as per HAR rules.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#3 without evidence that of conducting a fire drill for the past 12 months.

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.

Comment:

47.(c)- No list of medications' side effects was present for Client #1.

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, and CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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;

Comment:

53.(9)- Client #1 with use of video surveillance cameras in bedroom. No written consent present in client's chart/records.

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:

54.(c)(5) Medication schedule checklist;

Comment:

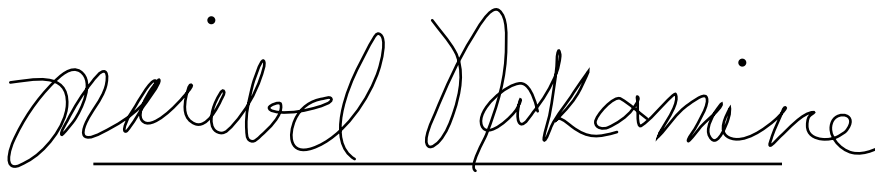
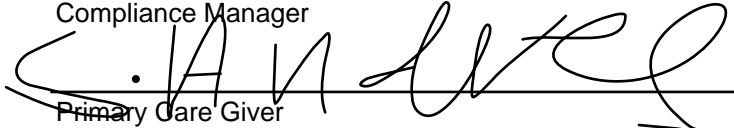
54.(b)- Client #1 without any entries of progress/observation notes/documentation. Client with recent changes in condition.

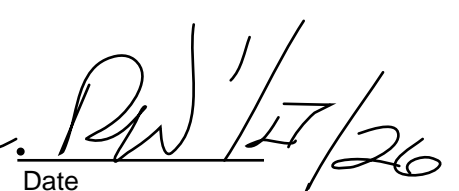
54.(c)(5)- Discrepancies noted for Client #1, Client #2, and Client #3.

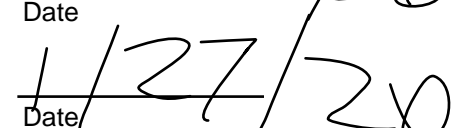
Client #1- Ibuprofen was not written in the client's Medication Administration Record (MAR). Two daily scheduled medications (Amlodipine & Losartan) were missing the administration times. Client's November 2025 MAR was signed for 11/31/25- there's no 31st day in November.

Client #2- April 2025, June 2025, September 2025, and November 2025 MARs were signed on the 31st day. There were no 31st day during those months.

Client #3- June 2025, September 2025, and November 2025 MARs were signed for the 31st day. There were no 31st day during those months.


Compliance Manager

Primary Care Giver


Date
1/27/26


Date
1/27/26