

Foster Family Home - Deficiency Report

Provider ID: 1-200075

Home Name: Shella Marie Romagos, CNA

Review ID: 1-200075-13

796 Hoomalimali Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 2/5/2026

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/5/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4. No current disclosure form present for CG#1. Not up to date.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for HHM#2. HHM#2 expired 9/9/2025.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#1 and CG#3. CG# X CPR/1st aid expires 11/1/2023 and CG#3 CPR/1st Aid expires 10/18/2025.

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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours today, when CG#1 was not home.

Compliance Manager

Primary Care Giver

Date

Date