

Foster Family Home - Deficiency Report

Provider ID: 1-230031

Home Name: Sherly Coloma, CNA

Review ID: 1-230031-7

816 2nd Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 1/14/2026

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 visit made for a 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 1/14/2026 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41(a)(2) CG#2, #3, and #4 are not approved to work in a three beds CCFFH.

41(a)(2) CNA Prometric registry check are not present for CG#1 and #3.

41(a)(3) No job experience form present for CG#2, #3, and #4.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#4.
CG#2 does not have First Aid present.

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

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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 delegation present for Client #1 for CG#2,#3, and #4.
No RN delegation present for Client #2 for CG#3, and #4.

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 MAR was not documented daily. Sheet not completed from to 1/12/26 and 1/13/26.
Client#2 MAR was not documented daily. Sheet not completed on 1/13/26.

54(c)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from to 1/12/26 and 1/13/26.
Client#2 ADL flowsheet was not documented daily. Sheet not completed from to 1/12/26 and 1/13/26.



Compliance Manager



Primary Care Giver

1/14/2026
Date

1/14/26
Date