

Foster Family Home - Deficiency Report

Provider ID: 1-220090

Home Name: Teofila Joan Pascual, CNA

Review ID: 1-220090-7

98-202 Kanuku Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 9/11/2025

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 30 days of inspection (issued on 9/19/25).

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Acetaminophen was not transcribed in client's Medication Administration Record for the month of September 2025.

Client #2- Tylenol/Acetaminophen did not match the dosage ordered by MD and the client's September MAR when compared with the medication bottle's label (wrong dose). Calcium tabs (1200-1500mg) was not transcribed in client's September 2025 MAR. Albuterol inhaler was not available (considered lifesaving medication) during CCFFH survey/medication reconciliation. Depo-provera was not transcribed in client's September MAR.

Maribel Nakamine, RN

Compliance Manager

TR

Primary Care Giver

9/19/25

Date

9/19/25

Date