

# Foster Family Home - Deficiency Report

Provider ID: 1-514902

Home Name: Teresita Shuman, CNA

Review ID: 1-514902-21

94-1067 Lumipolu Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/4/2026

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/4/2026)

## 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 evidence present of RN delegations of blood sugar monitoring given for client #1 for all caregivers.

No RN delegations of eye drop medication administration for client #2 for all caregivers.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(1)(2): CTA observed a large wooden board placed along side of side rail in client #1's bed that restricts the client's movement. No physician order present for use of the wooden board and was not addressed in the client's service plan.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(2): Service plan dated 7/31/2025 present in client #2's record only consist of signature page. CTA unable to review service plan to determine if all services are addressed.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

2/4/26  
Date

2/4/26  
Date