

Foster Family Home - Deficiency Report

Provider ID: 1-210079

Home Name: Violeta Kerezsi, NA

Review ID: 1-210079-5

6 Kilani Avenue

Reviewer: Ryan Nakamura

Wahiawa HI 96786

Begin Date: 3/3/2026

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1): 2nd set of criminal background check were due by 6/20/2025 and completed 11/05/2025 for CG#1 and CG#2.

No evidence present in CCFFH records of sex offender registry search completed for CG#3.

8.(a)(2): 2nd set of APS/CAN clearance in second consecutive years were due by 6/20/2025 for CG#1 and CG#2.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training completed for CG#3.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8): First aid/CPR training was due by 2/13/2026 for CG#1.

No evidence present in CCFFH records of current first aid/CPR training completed for CG#2.

No evidence present in CCFFH records of current bloodborne pathogen training completed for CG#3.

41.(f)(1): No evidence present in CCFFH records of current TB clearance for HHM minor.

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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 in client #2's records of RN delegations given for inhalation, nasal spray, and topical medication administration for client #2 for all caregivers.

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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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): Discrepancy noted in client #1's MAR and medication order for client #1 for Levothyroxine and Trazodone. MAR stated for Levothyroxine 50 mg 1 tablet PO daily but order is 75mg 1 tablet PO daily. MAR stated for Trazodone 1/2 tablet PO at bedtime but order is 1 tablet PO at bedtime.

54.(c)(5): No documentation of medication administration from 2/1/2026 to 2/26/2026 for client #2.

54.(c)(6): No documentation of ADL/skilled nursing checklist from 2/1/2026 to 2/28/2026 for client #1.

54.(c)(8): No documentation of present in client #1's records of inventory of personal belongings.



Compliance Manager



Primary Care Giver

3/5/26

Date

2/3/26

Date