

Foster Family Home - Deficiency Report

Provider ID: 1-582727

Home Name: Welma Nalos, CNA

Review ID: 1-582727-19

91-910 Pailani Street

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 1/16/2026

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 recertification inspection.

Deficiency Report emailed to CCFFH with plan of correction due to CTA within 10 business days of issuance (issued on 1/20/26).

6.d.1- Client #2's 1147 document expired on 1/1/26 and no current document was present in client's chart/records.

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

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)(7)- CG#1's TB clearance expired on 12/22/25 and CG#2's expired on 2/8/25. No current results were present for both caregivers.

41.(b)(8)- CG#1, CG#2, and CG#4's bloodborne pathogen and infection control training expired on 12/31/25. No current certifications were present for all caregivers.

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)Staff- No entry in the Sign In/Out Form noted as CG#1 was not present in the CCFFH at the start of the CCFFH Survey.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- CCFFH without the monthly fire drills present for the months of June 2025, July 2025, August 2025, and September 2025.

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Foster Family Home

Records

[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;

Comment:

54.(b)- No signatures after each dated entry from 2/25/24- 9/30/25 in Client #1's progress/observation notes.

54.(c)(2)- Client #2's Service Plan/HAP dated 10/8/25 without the client/POA's signature.

54.(c)(5)- Latanaprost eye medication was not written in Client #1's January 2026 Medication Administration Record (MAR).

Benzonatate dosage did not match with Client #2's MAR when compared with the client's MD order and medication label.

 

Compliance Manager

Date

Primary Care Giver

Date