Foster Family Home - Deficiency Report

Provider ID:	**1-160021**		
Home Name:	**Yeun Sil Park, CNA**	**Review ID:**	**1-160021-19**
98-356 Puaalii Street		Reviewer:	Maribel Nakamine
Aiea HI 96701		Begin Date:	1/6/2026

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 CG#1 on 1/9/26 with plan of correction due to CTA within 30 days of issuance (issued on 1/9/26).

6.d.1- Client #1's 1147 expired on 8/29/25; Client #2's 1147 expired on 11/25/25; and Client #3's 1147 expired on 9/10/25. All 3 clients were without the current 1147 documents in charts/records.

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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8)- CG#3's Blood borne pathogen and infection control training expired on 8/9/25 and no current document was present.
41.(c)- CG#3 only had 6 hours of the required 12 hours of annual in-service training for the year 2025.

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)- Medication discrepancies were noted for Client #1, Client #2, and Client #3.
Client #1- The Medication Administration Record for client's scheduled medications for the following months were incomplete:
December 2025- no signatures from 12/27/25-12/31/25;
September 2025- no signatures from 9/29/25-9/30/25;
March 2025- no signatures from 3/19/25-3/25/25;
January 2025- no signatures from 1/27/25-1/31/25;
January 2026- no signatures for 1/5/26.
Client #2- Client's January 2026 Medication Administration Record was last signed on 1/4/26.
Client #3- Medication Rosuvastatin without an MD order in client's records and not listed in the client's Medication Administration Record since CG#1 acquired medication on November 19, 2025.
54.(c)(6)- No RN monthly visit summary was present for the month of November 2025 on Client #1.

Maribel Nakamine RN 1/9/26

Compliance Manager — Date

Primary Care Giver — Date