

Foster Family Home - Deficiency Report

Provider ID: 1-200028

Home Name: Rosalie Ordinado, CNA

Review ID: 1-200028-13

91-824 Kehue Street

Reviewer: Nicole Landes

Ewa Beach HI 96706

Begin Date: 4/6/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of the receipt of the report.

42(a)(1) Client number 1 1147 of file was not signed by an MD

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47(e) Client number 1 diet changed from tube feeding to oral feeding. There was no Physician order to d/c the tube feeding and restart Oral feeding.

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) Clients number 1 service plan was not updated to reflect the current diet order changes.



Compliance Manager



Primary Care Giver

04/06/26

Date

04/06/25

Date