

# Foster Family Home - Deficiency Report

Provider ID: 2-591835

Home Name: Aileen Navalta, CNA

Review ID: 2-591835-22

18-7861 Henele Road

Reviewer: Po Lim

Mt. View HI 96771

Begin Date: 12/2/2025

## 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 annual inspection.

Deficiency Report issued during CCFFH inspection via email on 12/2/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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 RN delegation present for Client #1 for CG#3 and CG#4.

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

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:


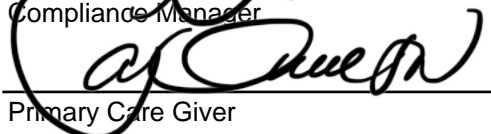
(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/included each CG at least once per year. CG#3 and CG#4 did not conduct a fire drill in the past 12 months. Fire drill for October and November 2025 were not present in the file.


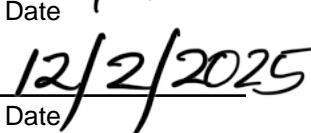
## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54(c)(5) No MAR present for December 2025 for Client#1.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date