

# Foster Family Home - Deficiency Report

Provider ID: 1-160083

Home Name: Alwyn Bonoan, CNA

Review ID: 1-160083-16

1419 Kokea Street

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 10/8/2025

## 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 recertification inspection.

Deficiency Report emailed to CCFFH inspection with plan of correction due to CTA within 30 days of issuance (issued on 10/17/25).

6.d.1- Client #1 without an 1147 in chart/records. Client #2's 1147 lapsed on 7/13/25 and no current document present in chart/records.

## 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), (2)- CG#1's Ecrim lapsed on 9/16/24 and was not renewed until 7/9/25. CG#3's APS/CAN result lapsed on 1/25/23 and was not renewed until 11/18/24.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 11/16/24 and was not renewed until 12/24/24 and CG#2's TB clearance lapsed on 9/7/24 and was not renewed until 12/27/24.

## 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 delegations present in Client #3's chart/records for CG#2.

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

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

Comment:

(3P) (b)(6) Fire- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- Client #1 and Client #2 with use of full bedrails. No MD orders were present in clients' charts/records.

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;

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)(2) - Client #1's Service Plan dated 11/13/24 without the client/POA's signature. Client #3's Service Plan(SP) lapsed on 6/19/25 last SP in chart/record was dated 12/19/24.

54.(c)(5) - Client #1, Client #2, and Client #3 were without the October 2025 Medication Administration Records (MARs) initiated.

54.(c)(6)- Client #1 without any progress notes since admission (admitted to CCFFH on 11/13/24).

Maubel Nakamine, RN 10/17/25

Compliance Manager

Date

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Primary Care Giver

\_\_\_\_\_  
Date