

# Foster Family Home - Deficiency Report

Provider ID: 1-250055

Home Name: Arlen B. Corona, NA

Review ID: 1-250055-3

94-249 Paiwa Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 3/6/2026

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/6/2026).

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality training completed for CG#2.

## 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.

Comment:

41.(b)(8): No evidence present in CCFFH records of current first aid/CPR training for CG#5.

First aid/CPR training present in CCFFH records expired 2/28/2026 for CG#1.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No documentation present in CCFFH records of fire drills conducted at CCFFH from 11/2025 to 2/2026.

## 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:

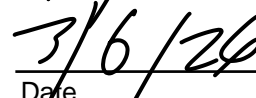
54.(c)(5): No daily documentation of medication administration for client #1 from 2/4/2026 to 3/6/2026 and for client #2 from 3/1/2026 to 3/6/2026.

54.(c)(6): No daily documentation of ADL/skilled nursing checklist for client #1 and #2 from 3/1/2026 to 3/6/2026.

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date