

Foster Family Home - Deficiency Report

Provider ID: 1-180043

Home Name: Charmaine Saolt, RN

Review ID: 1-180043-17

94-722 Honowal Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/5/2026

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 inspection made for a 3-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days from date of issuance (issued on 3/9/26).

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#3's APS/CAN lapsed on 7/3/25 and was renewed on 8/11/25. HHM#4 without any results of APS/CAN/Fingerprinting.

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 confidentiality policies and procedures and client privacy rights training present for HHM#4.

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#3's TB clearance result lapsed on 1/2/25 and was done on 3/31/25. HHM#2's TB clearance result lapsed on 3/26/25 and was done on 5/17/25.

Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form completed for Client #2's left ankle wound.

Foster Family Home - Deficiency Report

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Client #1 with 2 medications (bisacodyl & Haldol) were not available during medication review. Client #3 without the March 2026 Medication Administration Record initiated.

54.(c)(6)- Client #1 without the ADLs/Daily Care Flowsheet for the month of February 2026.

54.(c)(8)- No evidence that Client #1's Personal Inventory list was initiated/maintained.

Maubel Nakamine RN

3/9/26

Compliance Manager

Ramain Smith

Primary Care Giver

Date

3/10/26

Date