

# Foster Family Home - Deficiency Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA

Review ID: 1-594665-19

91-871 Halalii Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 3/9/2026

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 3/9/2026).

## 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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training completed for CG#6.

16.(c)(1): No documentation present in client #1's records of written consent/authorization signed by POA for disclosure of information.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#2 and CG#6.

41.(b)(8): No evidence present in CCFFH records of first aid/CPR training for CG#2.

Bloodborne pathogen training was due by 1/2/2025 for CG#6.

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## Foster Family Home

## Grievance

[11-800-45]

- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No copy present in client #1's records signed grievance policies and procedures and that they client #1 was informed of the grievance policies and procedures.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

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

Comment:

47.(d)(1): No evidence present in client's records of the use of bed side rails for client #1.

## 3 Person Physical Environment

## 3 Person Physical Environment

(3P) Env.

- (3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No evidence present in client records of signed agreement of living in a shared room for client #1 and client #2.

## 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)(8) Personal inventory.

Comment:

54.(c)(2): No signature present by client/POA for client #1's service plan dated 10/29/2025.

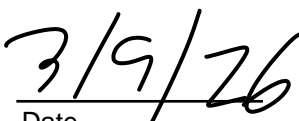
54.(c)(5): Discrepancy noted in client #1's medication administration record (MAR) compared to physician order regarding Olanzapine. Olanzapine order listed in client #1's MAR stated 5mg 1 tablet PO BID but physician order stated 1/2 tablet in the morning and 1 tablet in the evening.

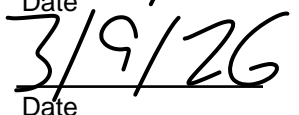
No documentation present in client #2's records of 2 medications administered from 2/19/2026 to 3/9/2026.

54.(c)(8): No documentation present in client #1's records of inventory of personal belongings.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date