

Foster Family Home - Deficiency Report

Provider ID: 1-100075

Home Name: Divinagrace Ordonia, CNA

Review ID: 1-100075-24

91-1766 Lau'o Street

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 4/8/2026

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 issued with written plan of correction due to CTA within 10 business days (issued on 4/10/26).

6.d.1- Client #2 without an 1147 document 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;

Comment:

8.(a)(1)- CG#4's Ecrim lapsed on 7/23/25 and renewed on 2/10/26.

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 expired on 10/29/25 and no current result was present. CG#2's TB clearance expired on 3/26/26 and no current result was present. CG#3's TB clearance dated 9/7/25 was not documented on DOH approve form. CG#4's TB clearance expired 10/15/25 and no current result was present. HHM#2's TB Clearance expired on 2/27/26 and no current result was present

Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bar/rails near clients' toilet.

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Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:
- 50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

- 50.(a)- CG#2, CG#3, and CG#4 were without evidence of having been trained with the CCFF's Emergency Preparedness Plan.
- 50.(e), (e)(1)- CG#4 was unable to locate all of caregivers' binder/charts on 4/8/26 survey as CG#1 was not present in the CCFFH. CTA Compliance Manager returned to complete survey on 4/10/26.

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Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

- 53(b)(9)- Client #2 was in a shared bedroom with Client #1. There was no written consent from Client #2/POA.

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Records

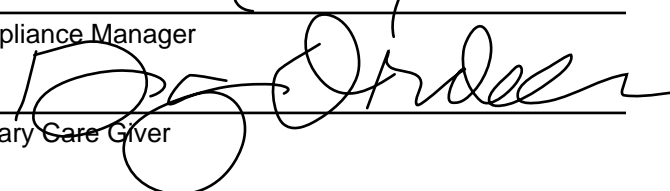
[11-800-54]

- 54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:
- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

- 54.(b), (b)(1)- Client #1 and Client #2's charts in disarray(missing documents/misfiled, etc.) which made for difficult review.


Compliance Manager Date 4/10/26


Primary Care Giver Date 4/10/26