

Foster Family Home - Deficiency Report

Provider ID: 2-140078

Home Name: Edgar Chua Bartolome, CNA

Review ID: 2-140078-17

28-2884 Kaakepa Street

Reviewer: Maribel Nakamine

Pepeekeo

HI 96783

Begin Date: 10/21/2025

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 with plan of correction due to CTA within 30 days of issuance (issued on 10/27/25).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#2's APS/CAN lapsed on 2/28/25 and was not renewed until 8/22/25.

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)- CG#4 without evidence of having completed the CCFFH's confidentiality policies and procedures and privacy rights training.

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

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(h)- HHM#1 who was not a department approved caregiver was observed feeding Client #2 during CCFFH inspection/survey.

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)- CG#4 and CG#6 were without the RN delegations on oral medication administration for Client #3.

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3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1), (b)(6) Fire- CCFFH's last documented monthly fire drill was dated 7/15/25 and no fire drill done for August 2025 and September 2025. CG#2, CG#3, CG#4, and CG#6 were without evidence of having conducted a monthly fire drill for the past 12 months.

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;

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d), (1), (2), (3)- During CCFFH inspection of Client #2's bedroom, noted a round pillow tied with a string to client's bed frame. Per CG#1, it is used for client when in bed to prevent client from sliding off the bed. There was no MD order present, nor this type of restraint was addressed in client's Service Plan. CG#1 was observed untying the string. Client #1 with use of bedrails and no MD order was present.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1, Client #2, and Client #3's window screens/sills were very dusty. Client #2's window screen with a gap; living room of clients' sliding door screen with multiples tears/holes that bugs, vermins,mosquitoes, bees, centipedes, etc. can enter the CCFFH's clients' bedrooms and can possibly bit the clients.

Foster Family Home

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:

Comment:

50.(a)- CG#3, CG#4, CG#5, and CG#6 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

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 #3's bedroom with use of video surveillance camera. No consent was present. Use of video surveillance camera without a proper consent from client/POA is a violation of client's privacy rights.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan dated 7/24/25 without the client/POA's signature.



Compliance Manager



Date

Primary Care Giver

Date