

Foster Family Home - Deficiency Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

Review ID: 1-090023-18

94-1002 Kuakolu Place

Reviewer: Po Lim

Waipahu HI 96797

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 for a 3 bed CCFFH annual re-certification.

42.a.1. Client#1 has an expired Form 1147 on 2/9/2025.

Deficiency Report issued during CCFFH inspection via email on 4/8/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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) Sex Offender check are not present for CG#1, #2, #3, and #4.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1.

41(a)(3) No job experience form present for CG#2 and #4.

41.(b)(7) CCFFH did not have evidence of current TB clearance CG#2, #3, and #4.
CG#2 TB clearance expired, was due on/before 1/4/2026 and was not completed.
CG#3 TB clearance expired, was due on/before 1/18/2026 and was not completed.
CG#4 TB clearance expired, was due on/before 1/4/2026 and was not completed.

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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) No RN delegation present for Client #1 for CG#2, #3, and #4.

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

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly / included each CG at least once per year.

CCFFH last fire drill was conducted on 2/15/2024.

CG#1, #2, #3, and #4 have not conducted a fire drill for the past 12 months.

(3P)(c). CCFFH has three bed bounds clients presently, there were no fire escape emergency plan in place.

Foster Family Home


Records

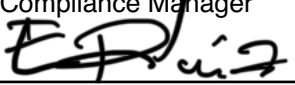
[11-800-54]

54.(c)(5) Medication schedule checklist;


Comment:


54(c)(5) No MAR present for April 2026 for Client#2 and #3.



Compliance Manager


Primary Care Giver



Date


Date