

# Foster Family Home - Deficiency Report

Provider ID: 1-090066

Home Name: Freda Pasion, CNA

Review ID: 1-090066-4

94-470 Honowai Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/16/2026

## 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 2-bed recertification.

Deficiency Report issued with plan of correction to CTA within 10 business days (issued on 4/17/26).

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- CG#2, CG#3, and CG#4 were without evidence of having been checked with the basic skills.

## 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)- No RN delegations present on oral medication Administration, wound care, and blood sugar monitoring/checks for CG#2, CG#3, and CG#4 in Client #1's chart/records.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No evidence that CCFFH conducted a monthly fire drill for the past 12 months. CG#2, CG#3, and CG#4 were without evidence of conducting a fire drill for the CCFFH.

## 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;

Comment:

47.(d), (d)(1)- Client #1 with use of full bedrails. MD's order cannot be located in client's chart/records.

# Foster Family Home - Deficiency Report

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's bathroom faucet without hot water and bathroom window was missing a screen- bugs, mosquitoes, vermin, etc. could enter the client's bathroom and bedroom which could possibly bite the client. Also the client's bedroom windows with broken latches (unable to open/closed jalousies).

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)(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;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP did not address client's wound care treatment.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 4/13/26.

Maikel Nakamine, RN

Compliance Manager

4/17/26

Date

Jeda M. Pasim

Primary Care Giver

4/17/26

Date