

# Foster Family Home - Deficiency Report

Provider ID: 1-230047

Home Name: Irene Taylan, NA

Review ID: 1-230047-6

94-502 Kahualena Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/19/2026

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 3/19/2026).

## 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;

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

Comment:

8.(a)(1): Criminal background check was due by 1/07/2026 for CG#3.

8.(a)(2): APS/CAN clearance was due by 1/07/2026 for CG#3.

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

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check for CG#3.

41.(b)(8): Bloodborne pathogen training was due by 1/07/2026 for CG#3.

41.(c): No hours of in-service training completed in 2025 present in CCFFH records for CG#3.

## 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 delegation of any tasks given for client #1 for CG#3.

# Foster Family Home - Deficiency Report

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.

Comment:

46.(a): No evidence present in CCFFH records of monthly fire drill conducted from the months of 6/2025 to 2/2026

Foster Family Home

Records

[11-800-54]

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)(5): Discrepancy noted in medication order in client #2's medication administration record (MAR) for Sodium chloride, Zenpep, and Carvedilol compared to physician order. MAR stated Sodium chloride and Zenpap to be given three times a day but the physician order/medication label stated twice a day. MAR also stated Carvedilol 6.25 mg to be given by mouth twice a day but physician order/medication label stated 3.125 mg to be given by mouth twice a day.

54.(c)(5)(6): No daily documentation of medication administration and ADL/skilled nursing checklist for client #1 from 3/4/2026 to 3/19/2026 and client #2 from 3/16/2026 to 3/19/2026.



Compliance Manager



Primary Care Giver

3/19/26  
Date  
3/19/26  
Date