

Foster Family Home - Deficiency Report

Provider ID: 1-190034

Home Name: Jean Edades, CNA

Review ID: 1-190034-14

91-817 Aikanaka Road

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/16/2026

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 emailed with plan of correction due to CTA within 10 business days of issuance (issued on 3/18/26).

6.d.1- Client #1's 1147 dated 8/28/25-8/28/26 was not signed by the client's MD/PCP.

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 wound dressing change and Foley care for CG#1, CG#2, 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.

Comment:

46.(a)- CCFFH without a nighttime monthly fire drill conducted for the past 12 months.

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

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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

Comment:

49.(a)(3)- CCFFH's living room sofa was obstructed with a large suitcase, multiple chairs/table. Clients/visitors unable to have access/use of area for recreational purposes/socialization.

49.(c)(3)- CCFFH's window screen near dining area and living room with a large hole/rip, window jalousies dusty and latches were broken. Client #1 and Client #2's bedroom windows jalousies were very dusty and latches were broken.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy expired on 3/6/26 and no current document was present.

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 #2's HAP dated 3/6/26 without the POA's signature.

54.(c)(5)- Client #1's Medication Administration Record(MAR)for the month of March 2026 was last completed/signed on 3/11/26. The medication Jardiance dosage did not match the client's MAR- MD order was 25mg and label was 25mg; MAR was 10mg. Famotidine was not transcribed/written in the MAR.

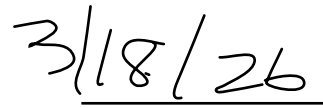
Client #2's MAR was last completed/signed on 3/11/26.

54.(c)(6)- Client #1 without the ADLs/Daily Care Flowsheet initiated for the months of February 2026 and March 2026.



Compliance Manager

Primary Care Giver



Date



Date