

Foster Family Home - Deficiency Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-18

94-410 Hamau Street

Reviewer: Nicole Landes

Waipahu HI 96797

Begin Date: 4/2/2026

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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 04/02/2026)

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;

Comment:

8.(a)(1) sex offender registry check for cg #1 , CG#2 ,CG#3, CG#4, AND CG#5 all expired in binder on 09/18/2025. No current results.

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

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

Comment:

41(a)(2) CNA registry check for CG#1, CG#2, CG#3, AND CG#5 EXPIRED 02/20/26. no current checks in the binder.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

Comment:

(3P)(b)(1) Fire . Last fire drill in binder 01/18/26. February and march 2026 missing

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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;

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

Comment:

54.(c)(2) Service plan/ HAP dated 12/26/2025 for client #1 was not signed by the Authorized representative . Client #1 had April 2026 MAR with no signatures.


54.(c)(5) Client #2 March MAR last signed 03/23/2026, No April 2026 MAR
Client #2 Medication discrepancies noted
Voltaren medication unavailable during CCFFH chart review
Client #2 MAR did not match the MD current orders or the medication bottles.



Compliance Manager

04/02/26

Date



Primary Care Giver

04/02/26

Date