

Foster Family Home - Deficiency Report

Provider ID: 1-200003

Home Name: Lory Vel Flordeliza, CNA

Review ID: 1-200003-13

2222 Kula Kolea Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 11/4/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/4/25).

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)- No basic skills check present for CG#2 and CG#3 for Client #1.

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 for CG#2 and CG#3 on GT feedings/administration of medications, topical, sublingual, subcutaneous, rectal, wound care, and foley care for Client #1.

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;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (1), (2) - Client #2 with use of glove to left hand at the start of survey. No MD order and not addressed in client's current service plan.

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Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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

Comment:

49.(a)(4)- Clients bathroom shower with a step up. CCFFH's ramp height was not adequate for wheelchair accessibility.
49.(c)(3)- Client #2 and clients' bathroom windows jalousies were very dusty; windows' latches were broken (unable to open/close windows during CCFFH survey).

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)- Client #2 with a skin breakdown to left buttock- no Adverse Event was completed.

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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)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(2)- Client #1 with use of foley catheter which was not addressed in client's current service plan.

54.(c)(3)- No MD order present for Client #1's use of foley catheter.

Mabel Bekamer RA 11/4/25

Compliance Manager

Date

[Signature]
Primary Care Giver

Date

11/4/25 1:42:11 PM