

Foster Family Home - Deficiency Report

Provider ID: 1-513186

Home Name: Luzviminda Padilla, CNA

Review ID: 1-513186-19

92-745 Paala Loop

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 3/20/2026

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 during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 3/20/26).

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH without an available bedroom for a 2nd client. Bedroom was full of household items, boxes, etc. No evidence that CG#1 actively looking for a 2nd client admission.

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's last monthly fire drill completed was on 9/13/25. None for the months of 10/2025 thru 2/2026.

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

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

Comment:

49.(a)(1)- Clients' bathroom shower floor without a non-slip surface.

49.(a)(2)- No grab bars present in clients' bathroom shower.

49.(c)(3)- Clients' bathroom without a sink inside to wash hands after use which increases the risk for spread of infection.

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Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(a)(1)- CCFFH's Emergency Evacuation Map was not updated to reflect the home's current structure.
- 54.c(5) Medication (docusate) on clients medication list is unavailable in the home.
- 54.c(6) Clients flow sheet not documented from dates March 7 2026- March 19 2026.
- 54.c(6) Vital signs required to be taken weekly by CG None taken from March 1,2026-March 19, 2026.
- 54.c(8) No personal inventory for client.

M. H. LPH / Marissa Nekarine RD 3/20/26
Compliance Manager Date

[Signature] 3/20/26
Primary Care Giver Date