

Foster Family Home - Deficiency Report

Provider ID: 1-563107

Home Name: Magdalena Bonafe, CNA

Review ID: 1-563107-19

91-1005 Kaiopua Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 12/19/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/19/2025).

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)(2): No evidence present in CCFFH records of second set of background checks (APS/CAN/criminal background checks) for HHM#2. Second set was due by 12/16/2025.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present of HHM#2 completed CCFFH's confidentiality training.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): CG#1's disclosure form present in CCFFH record not updated to reflect current household composition.

41.(b)(7): No current TB clearance present in CCFFH record for CG#4 within the past 13 months.

41.(b)(8): CPR/first aid training present in CCFFH records expired 6/1/2025 for CG#2.

41.(f)(1): No current TB clearance present in CCFFH records for HHM minor.

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 CCFH record of fire drill was conducted in month of 6/2025.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d)(1) By order of a physician;

Comment:

47.(c): No list of side effects of current medications present in client's records for client #1, #2, and #3.

47.(d)(1): No evidence present in client records of physician orders of bed siderail orders for client #1.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No evidence present in client records of written consent/acknowledgment signed by client/representative of use of camera in client's common living area for client #1, #2, and #3.

Compliance Manager

Primary Care Giver

12/17/25

Date

12/19/25

Date