

# Foster Family Home - Deficiency Report

Provider ID: 1-170006

Home Name: Maria Belinda Keliioholokai,  
CNA

86-214 Moelua Street

Waianae

HI 96792

Review ID: 1-170006-21

Reviewer: Maribel Nakamine

Begin Date: 10/15/2025

## 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 3-bed recertification inspection.

Deficiency Report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 10/27/25).

## 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), (a)(2) - CG#2's eCrim lapsed on 10/19/24 and was not renewed until 12/11/24. CG#3's eCrim lapsed on 9/30/25 and no current result was present. HHM#1's APS/CAN/eCrim lapsed on 10/13/25 and no current results were present. HHM#2's APS/CAN/Fingerprint or eCrim lapsed on 4/19/25 and no current results were present.

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

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

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.(b)(7)- CG#5's TB clearance lapsed on 6/28/25 and was renewed on 9/26/25.

41.(b)(8)- CG#6's CPR/Basic First Aid lapsed on 9/25/25 and no current certificate was present.

41.(g)- No basic skills checklist completed by CG#6 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 on oral and topical medications administration were present for Client #6 in Client #1 and Client #2's chart/records. Also there were no RN delegations for oral medications administration for CG#2, CG#3, CG#4, CG#5, and CG#6 in Client #3's chart/records.

# Foster Family Home - Deficiency Report

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)Fire- No September 2025 monthly fire drill conducted.

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.

(3P)(b)(6)Fire- CG#6 without evidence of having conducted a monthly fire drill for the past 12 months.

## Foster Family Home

## Quality Assurance

## [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## 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;

Comment:

54.(c)(2)- Client #2's Service Plan lapsed on 10/8/24 and no current document was present in client's chart/records.

*Mariabel Nakamune RN*

Compliance Manager

*10/27/25*

Date

Primary Care Giver

Date