

Foster Family Home - Deficiency Report

Provider ID: 1-140041

Home Name: Maria Concepcion Ped, NA

Review ID: 1-140041-21

94-264 Puamano Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 4/8/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/09/2026).

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 evidence present in client records of basic caregiver skills were checked for CG#3.

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 evidence present in client records of RN delegations given of any tasks for client #1 and #2 for CG#3.

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 CCFFH records of fire drill conducted on 3/2026.

Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1): No evidence present in client #1's records of physician order for use of bed side rails.

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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 signed consent/acknowledgement from client/POA for use of camera/monitor in bedrooms and common areas for client #1 and #2.

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;

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.(c)(2): No signature present by client/representative in client #2's service plan dated 12/17/2025.

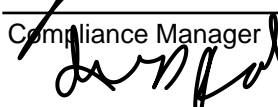
54.(c)(5)(6): No daily documentation present in client records of all medication administration from 4/01/2026 to 4/09/2026 for client #1 and #2. No daily documentation present in ADL/skilled nursing checklist from 4/3/2026 to 4/5/2026 for client #1 and #2.

54.(c)(5): Trazodone 50 mg 1 tablet by mouth at bedtime not listed on client #1's medication administration record (MAR).

54.(c)(8): No documentation present in client #1's records of inventory of personal belongings.



Compliance Manager



Primary Care Giver

4/9/26

Date

4/9/26

Date