

Foster Family Home - Deficiency Report

Provider ID: 2-160008

Home Name: Marieta Reyes, CNA

Review ID: 2-160008-19

74-5209 Kauwela Place

Reviewer: Maribel Nakamine

Kailua-Kona HI 96740

Begin Date: 3/30/2026

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 3/30/26).

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e)- CG#5 without a substitute caregiver approval form.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#3 without evidence of conducting a monthly fire drill for the past 12 months.

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;

Comment:

47.(d), (d)(1)- Client #1 with use of full bedrails. No MD order present.

Foster Family Home - Deficiency Report

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;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP dated 9/18/25 without the POA's signature.

54.(c)(5)- Medication discrepancies were noted for Client #1.

There were 3 medications that were not available during CCFFH client's chart review; Miralax, Mupirocin, and Ketoconazole. Acetaminophen did not match the medication's dosage with the client March 2026 Medication Administration Record(MAR) with the actual dosage administered to client (given to client- 750mg 3x/day; MD order 650mg 3x/day and MAR 650mg 3xday).

Mabel Naranjo 3/30/26
Compliance Manager Date
Christine JO SGG 3/30/26
Primary Care Giver Date