

Foster Family Home - Deficiency Report

Provider ID: 1-527252

Home Name: Marietta Faustorilla, CNA

Review ID: 1-527252-17

94-921 Kuhaulua Street

Reviewer: Ryan Nakamura

Waipahu

HI

96797

Begin Date: 12/1/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/01/2025).

6.(d)(1): 1147 assessment present in client records expired 7/28/2025 for client #2.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): APS/CAN clearance was due by 1/10/2025 and completed 10/13/2025 for CG#1, CG#2, and CG#5.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA registry check completed for CG#1 and CG#3.

41.(b)(7): Current TB clearance not signed by MD/APRN/NP/DO for CG#3.

41.(b)(8): Bloodborne pathogen training was due by 6/10/2025 and completed 7/18/2025 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 RN delegation present for oral, topical, inhalation, and suppository medication administration by client #1's case management agency for CG#2, CG#3, and CG#4. No plan present in record of what occurs if client requires medication while PCG absent from the CCFFH.

No RN delegation present for oral and inhalation medication administration by client #2's case management agency for CG#2 and CG#4. No plan present in record of what occurs if client requires medication while PCG absent from the CCFFH.

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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.

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

Comment:

46.(a): No evidence present of a fire drill was conducted in the months of 7/2025, 5/2025, 2/2025, and 12/2025.

46.(b)(3): No evidence present of CG#4 conducted a fire drill in the past 12 months.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e): No evidence present in client records of training or education provided for all caregivers of preparation of puree diet and thickened liquids.

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

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

Comment:

49.(c)(3): Moderate size hole present in client #2's bedroom ceiling.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:


51.(a)(1): General liability insurance present in CCFFH records expired on 11/30/2025.

Foster Family Home Records [11-800-54]

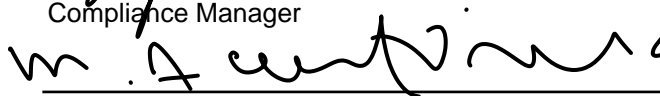
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

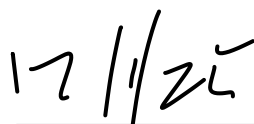
54.(c)(2): Current service plan present in client records for client #1 not signed by client's representative.



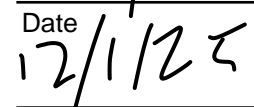
Compliance Manager



Primary Care Giver



Date



Date