

# Foster Family Home - Deficiency Report

Provider ID: 1-180036

Home Name: Marilou L. Calaycay, CNA

Review ID: 1-180036-15

91-1072 Kaunolu Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/18/2026

## 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 emailed with plan of correction due to CTA within 10 business days (issued on 3/20/26).

6.d.1- Client #1's 1147 document expired on 1/4/25 and Client #2's 1147 document also expired on 6/5/25. No current 1147 documents were present in clients' charts/records.

## 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)- No sex offender search results present for HHM#4 and HHM#5.

8.(a)(1), (2)- HHM#3's APS/CAN expired on 2/9/26 and Ecrim expired on 2/2/26. HHM#4 and HHM#5 were without any results of APS/CAN/Fingerprinting.

## 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)- HHM#4 and HHM#5 without evidence of having been trained with the CCFFH confidentiality policies and procedures and client privacy rights training.

## 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)- CG#1's Prometric Registry Check result expired on 1/31/26.

41.(b)(7)- CG#1's TB clearance expired on 12/23/25 and CG#2's expired on 8/28/25 and no current documents were present for both.

41.(b)(8)- CG#1's CPR and basic first aid expired on 2/2026 and no current certificate was present.

41.(b)(8)- CG#1, CG#2, and CG#3's blood borne pathogen and infection control certifications expired on 1/2/26. All were without the current training certificates.

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## 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 CG#3 on oral and rectal medications administration for Client #1.

## 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)- CCFFH's last monthly fire drill completed was on 3/11/25. No monthly fire drill from 4/2025- 2/2026.

46.(b)(2)- CG#2 and CG#3 were without evidence of having conducted a monthly fire drill for 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)- CG#2 and CG#3 without evidence of having been trained with Client #1's pureed diet.

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

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

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

Comment:

49.(a)(6)- CCFFH's front door emergency exit pathway was obstructed with multiple household items stored/cluttered in the garage.

49.(c)(3)- Upon entrance to CCFFH's driveway, there were dog and chicken stools/droppings.

49.(c)(3)- Client #1 and Client #2's windows/jalousies were very dusty; several latches were broken (unable to open/close windows), and Client #1's window screen fell outside during inspection/survey.

49.(c)(3)- Clients' bathroom sink without hot water when checked.

## 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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CCFFH without an Emergency Preparedness Plan.

50.(e)- CCFFH with a locked gate/fence- buzzer was not functioning when activated by CTA Compliance Manager.

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## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile police expired on 10/2/24 and no current document was present.

## 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;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP expired on 1/3/26 and no current document was present in client's chart/records. Client #2 without a Service Plan/HAP in chart/records.

54.(c)(5)- Client #1 without the March 2026 Medication Administration Record initiated/maintained.

Client #2's Ferrous Sulfate medication was not listed/transcribed in client's Medication Administration Record for the month of March 2026.

54.(c)(6)- No RN visit summary present for the months of January 2026, December 2025, and November 2025 in Client #1's chart/records.

 Maibelle Dakamine RN 3/20/26

Compliance Manager

Date

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Primary Care Giver

\_\_\_\_\_  
Date