

# Foster Family Home - Deficiency Report

Provider ID: 1-576225

Home Name: Marylou Gorospe, CNA

Review ID: 1-576225-25

91-711 Pohakupuna Road

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 12/19/2025

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/19/2025).

6.(d)(1): No evidence present of current 1147 assessment for client #2 and client #3. 1147 assessment expired on 3/10/2024 for client #2 and 9/8/2024 for client #3.

## 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): No evidence present in CCFFH records of CCFFH's confidentiality training completed for CG#4.

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

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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 Prometric registry check completed for CG#1, CG#3, CG#4.

41.(b)(4): No caregiver disclosure form completed for CG#1, CG#3, and CG#4.

41.(b)(7): Evidence of lapse of TB clearance present for CG#2 and CG#3. TB clearance was due by 10/23/2025 and completed 11/11/2025 for CG#2. TB clearance was due by 1/09/2024 and completed 8/23/2025.

41.(b)(8): No CPR/first aid training present in CCFFH records for CG#4.

# Foster Family Home - Deficiency Report

## 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 by client #2's case management agency for CG#4.

No evidence present in client records of RN delegations given by client #3's case management agency for all caregivers.

## 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 in month of 12/2024.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No list of side effects of current medications present in client records for client #1, #2, and #3.

## 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): Large hole and leak found in client's kitchen area ceiling. CCFFH must address issue immediately.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

# 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;
- 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): Service plan was due by 10/01/2025 for client #1. Last service plan present in client's record was dated 10/01/2025.

No signature present by client/POA in client's current service plan for client #2 and #3.

54.(c)(5): Client #1's Apaxaban documented daily administered once a day but physician order stated to be twice a day.


2 medications were not on supply for client #1.

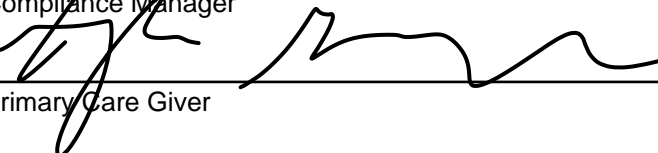
Discrepancy noted in client #3's Midodrine order in client's medication administration record (MAR) compared to physician order. MAR stated Midodrine 10mg 1 tablet by mouth two times a day. Physician order stated Midodrine 5mg 1 tablet by mouth daily.

54.(c)(6): No daily documentation of ADLs/skilled nursing checklist and flowsheets for client #1, #2, and #3. Last documentation present client dated 5/30/2025 for client #1, 10/21/2024 for client #2, 3/30/2025 for client #3.

No evidence of RN/SW monthly visit by client #1's case management agency for months of 4/2025, 5/2025, 6/2025, 7/2025, 8/2025, 9/2025, and 10/2025.

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

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/19/25  
\_\_\_\_\_  
Date

12/19/25  
\_\_\_\_\_  
Date