

Foster Family Home - Deficiency Report

Provider ID: 1-563785

Home Name: Melany Raralio, CNA

Review ID: 1-563785-18

92-766 Palailai Street

Reviewer: Maribel Nakamine

Kapolei HI 96707

Begin Date: 4/1/2026

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 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 4/1/26).

6.d.1- Client #1's current 1147 dated 9/25/25-9/25/26 without the client's PCP/MD's signature.

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.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a)- CG#2, CG#3, and CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.
50.(b), (1),(2)- No evidence that an Adverse Event Report was completed for Client #1's change in condition on 10/6/25 per CG#1's progress note documentation.

Foster Family Home Records [11-800-54]


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)(5)- Client #1's Medication Administration Record (MAR) for the month of October 2025 was incomplete. No signature present for 10/30/25 and 10/31/25.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet on 10/31/25 was incomplete. No signature present.



Compliance Manager


Primary Care Giver

Date 4/1/26
Date 4/1/26