

# Foster Family Home - Deficiency Report

Provider ID: 1-579584

Home Name: Poblezita J. Torillos, CNA

Review ID: 1-579584-19

91-941 Kalapu Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 3/16/2026

## 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 3/16/26).

## 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)- CG#2 and CG#6 without the RN delegations on oral and topical medications administration for Client #1 and Client #3. CG#2 and CG#6 without the RN delegation on oral medication administration for Client #2.

## 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 medications' side effects present for Client #1.

## 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)- Hallway switch/electrical outlet near HHMs bedrooms were exposed- no cover noted.  
49.(c)(3)- CCFFH's living room windows/sills were very dusty and spots of brown dirt were noted.  
49.(c)(3)- Clients' bathroom windows without window screens and 2 glass jalousies were missing. Bugs, mosquitoes, spiders, vermin, etc. can enter and possibly bite the clients.

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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 #2's Service Plan/HAP dated 9/16/25 without the client/POA's signature.

54.(c)(5)- Client #1's March 2026 Medication Administration Record (MAR) was missing the Guafenesin- ordered by MD on 2/13/26.

Client #3's Quetiapine medication was not signed on 2/27/26-2/28/26.

*Maibelle Hernandez* 3/16/26

Compliance Manager

Date

Primary Care Giver

Date