

Foster Family Home - Deficiency Report

Provider ID: 1-220044

Home Name: Quennie A. Rosario, CNA

Review ID: 1-220044-9

94-066 Awamoku Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/6/2026

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 4/6/26).

6.d.1- Client #1's 1147 document dated 9/7/25-9/7/26 without the client's MD/PCP's signature.

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), (2)- CG#4's APS/CAN/Fingerprint or Ecrim expired on 3/15/26 and no current documents were present.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#1, CG#2, and CG#4's bloodborne pathogen and infection control certification expired on 1/7/26 and no current certificates were present for all three caregivers.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire- CCFFH's last monthly fire drill completed was on 11/2/25. No monthly fire drills for the months of December 2025, January 2026, February 2026, and March 2026.

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

47.(d) Use of physical or chemical restraints shall be:

47.(d)(2) Reflected in the client's service plan; and

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.(d), (d)(2)- Client #1 with use of full bedrails. Use of bedrails was not addressed in client's current Service Plan/HAP.
47.(e)- Client #1 with pureed/nectar thickened liquid- no training present for CG#1, CG#2, and CG#4.

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:

Comment:

50.(a)- CG#2 and CG#4 without evidence of having been trained with the CCFH's Emergency Preparedness Plan.

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)- Client #3's Service Plan/HAP dated 9/2/25 without the POA's signature.

Minibel Nakamine RN 4/6/26

Compliance Manager

Primary Care Giver

Date

Date