

Foster Family Home - Deficiency Report

Provider ID: 1-120035

Home Name: Romina Manaois, NA

Review ID: 1-120035-20

91-803 Apoke Place

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 4/14/2026

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 issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 4/14/26).

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 night-time monthly fire drill conducted/completed for the past 12 months.

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)- Client #1 and Client #2's windows were very dusty; some of the latches were broken.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication dosage discrepancy noted for Client #2's vitamin B-12- MD ordered(6/22/23)500 mcg; bottle label 500 mcg; Medication Administration Records from 4/2025-4/2026(12 months)stated/written as 500mg.


Compliance Manager


Primary Care Giver

Date 4/14/26
Date 4/14/26