

Foster Family Home - Deficiency Report

Provider ID: 2-100025

Home Name: Rosita Lorenzo, CNA

Review ID: 2-100025-20

73-1111 Maheu Circle

Reviewer: Maribel Nakamine

Kailua-Kona HI 96740

Begin Date: 3/27/2026

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 3/27/26).

6.d.1- Client #1's current 1147 document dated 8/2/25-8/2/2026 did not contain the MD/PCP's signature.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- CG#2 without evidence of having been checked on Client #1's basic skills.

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 RN delegations for CG#2 present on oral/topical medications administration for Client #1. On client #2- no RN delegations for CG#2 present on oral/topical/nasal/inhalants medications administration.

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.



Compliance Manager



Primary Care Giver



Date



Date