

# Foster Family Home - Deficiency Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-18

94-216 Loku Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/5/2025

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (Inspection date: 12/5/2025).

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

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(c) Fire: CTA arrived at CCFFH with only one person present with two bedbound clients present at CCFFH.. CG#1 stated designated for evacuation was not on or near CCFFH property. Client had 3 bedbound clients admitted at CCFFH but one was not present at CCFFH during CTA's inspection.

## Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

Comment:

54.(a)(1): CCFFH map present at CCFFH did not represent current CCFFH's physical layout.

54.(c)(5): Discrepancy noted between client #2's medication administrative record (MAR) and physician order/medication label for Primidone. Physician order stated Primidone 50mg 1 tablet by mouth daily but MAR stated Primidone 250mg 1 tablet by mouth daily.

Sodium bicarbonate was not listed in client #2's MAR and documented administered twice a day.

  
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Compliance Manager

  
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Primary Care Giver

12/5/25  
\_\_\_\_\_  
Date

12/5/25  
\_\_\_\_\_  
Date