

Foster Family Home - Deficiency Report

Provider ID: 1-562901

Home Name: Emylyn Barr, CNA

Review ID: 1-562901-20

181 Hakuone Place

Reviewer: Ryan Nakamura

Wahiawa HI 96786

Begin Date: 4/21/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/21/2026).

6.(d)(1): No evidence present in client #1's records of current 1147 assessment.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No evidence present in CCFFH records of TB clearance for HHM minor.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(B)(9): Belongings (filing cabinet and fax machine) present in client #2's room did not belong to client.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6): No documentation of ADL/skilled nursing checklist from 4/16/2026 to 4/21/2026 for client #1, #2 and #3.



Compliance Manager


Primary Care Giver

4/21/26

Date
4/21/26

Date