

# Foster Family Home - Deficiency Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-17

91-1063 Kauiki Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 4/30/2026

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/30/2026).

6.(d)(1): No current 1147 assessment present in client records for client #1 and #2.

## 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 evidence of RN delegations given for eye drop medication and oxygen administration for client #2 for all caregivers.

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client #2's records of physician order for use of full side rails.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): CG#1's automobile insurance only covered \$20,000 bodily injury damage per person.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54.(c)(1): No face sheet present in client #2's records.

54.(c)(2): Service plan present in client #2's records was dated 7/15/2025 and due by 1/15/2026.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and #2.



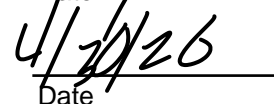
Compliance Manager



Primary Care Giver



Date



Date