Foster Family Home - Deficiency Report

Provider ID:	**1-220082**		
Home Name:	**Den Rivera, CNA**	**Review ID:**	**1-220082-9**
99-564 Huakanu Street		Reviewer:	Maribel Nakamine
Aiea HI 96701		Begin Date:	6/12/2026

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 6/12/26).

6.d.1- Client #1's 1147 document dated 3/27/26 - 3/27/26 was not signed by the client's MD/PCP/APRN.

Foster Family Home — Background Checks — [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#2 without any results of APS/CAN/Fingerprint.

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)- CCFFH's last monthly fire drill completed was dated 12/15/25. None for the months of January 2026, February 2026, March 2026, April 2026, and May 2026.

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)- CCFFH's sliding door screen with a large rip or hole- vermins, bugs, mosquitoes, bees, etc. can enter the clients' bedrooms and can possibly bite the clients.

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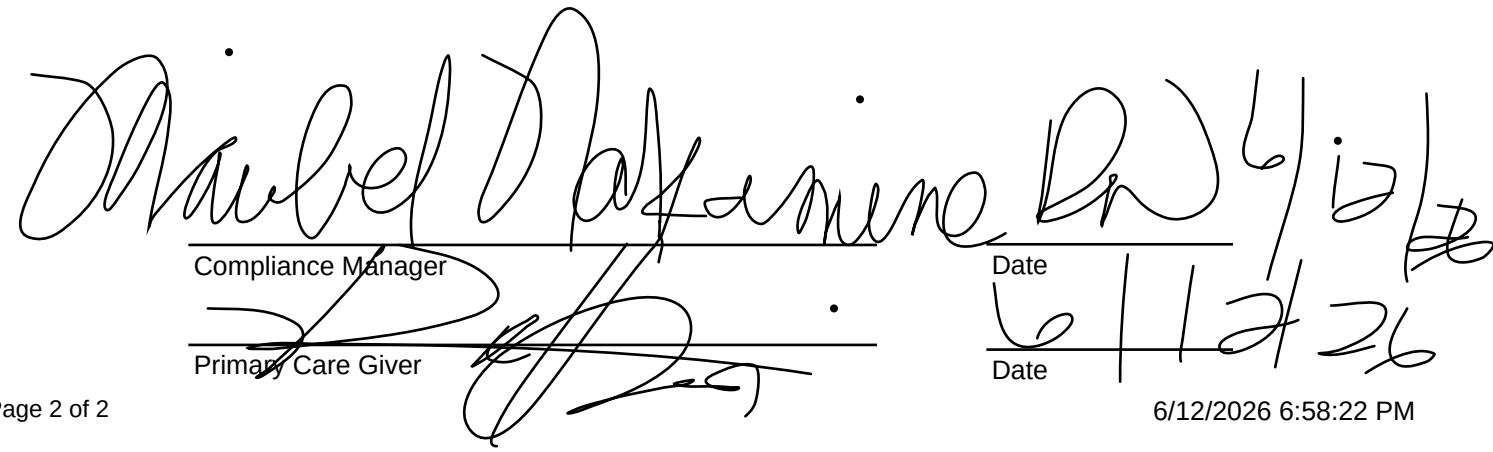
Foster Family Home	**Records**	**[11-800-54]**

54.(c)(2)	Client’s current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;
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)(2)- Client #1's Service Plan/HAP expired on 3/25/25; none for 9/25/25 and 3/25/26. Client #2's Service Plan/HAP dated 2/28/26 was not signed by the client's POA. Service Plan/HAP was unreadable- letters/words were very tiny.
54.(c)(5)- Client #2's Medication Administration Record (MAR) was last signed on 6/4/26 (scheduled medications).
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last completed on 6/6/26.



Compliance Manager — Date 6/12/26

Primary Care Giver — Date 6/12/26