Foster Family Home - Deficiency Report

Provider ID:	**2-140053**		
Home Name:	**Edna Salom, CNA**	**Review ID:**	**2-140053-19**
812 West Kawailani Street		Reviewer:	Ryan Nakamura
Hilo HI 96720		Begin Date:	5/19/2026

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 via email on 5/22/2026 with written plan of correction due to CTA within 10 business days.

6.(d)(1): 1147 assessment present in client records expired on 8/01/2025 for client #1 and 1/19/2026 for client #2.

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

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

Comment:

8.(a)(2): APS/CAN clearance was due by 5/16/2026 for CG#1, CG#2, CG#3, CG#4, and HHM#3.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7): TB clearance was due by 4/20/2026 for CG#4.

41.(f)(1): TB clearance was due by 3/18/2026 for HHM#3.

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 documentation present in client #3's records of RN delegations for all caregivers.

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): No evidence present in CCFFH records of fire drills were conducted in months of 2/2026 to 4/2026.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e): No evidence present in client #1's records of special diet training of pudding thickened liquid.

3 Person Physical Environment	3 Person Physical Environment	(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env.: No documentation present in client records of signed written agreement of living in a shared bedroom for client #2 and client #3.

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No client/representative signature present in service plan dated 2/28/2026 present in client #2's records.

54.(c)(5): Discrepancy noted in client #1's medication administration record (MAR) for Quetiapine compared to physician order. Client #1's MAR stated Quetiapine 25mg by mouth every morning and 50mg by mouth every noon and evening but physician order stated 50 mg three times a day.

Discrepancy noted in client #3's MAR for Cetirizine compared to physician order. Client #3's MAR stated that the Cetirizine is 1 tablet by mouth daily as needed but physician order is 1 tablet by mouth daily routinely. No daily documentation of administration of Cetirizine present in client #3's records.

No daily documentation of medication administration for client #3 for 1 medication from 4/01/2026 to 4/30/2026 and 5/05/2026 to 5/19/2026 and separate medication from 4/01/2026 to 5/19/2026 and 7 medications from 4/22/2026 to 4/30/2026.

54.(c)(6): No documentation present in client records for case management agency RN/SW monthly visit for months of 7/2025 for client #1, 11/2025 for client #2, and 1/2026 and 11/2025 for client #3.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and client #3.

Compliance Manager

5/22/26
Date

Primary Care Giver

Date