

Foster Family Home - Deficiency Report

Provider ID: 1-562844

Home Name: Evangeline Billena, CNA

Review ID: 1-562844-17

94-404 Kuahui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 6/4/2026

Foster Family Home	Required Certificate	[11-800-6]
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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 (inspection date: 6/4/2026).

Foster Family Home	Client Care and Services	[11-800-43]
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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 present in client #1's records of RN delegations given for CG#3 for any tasks.

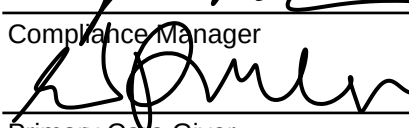
Foster Family Home	Records	[11-800-54]
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54.(c)(8) Personal inventory.

Comment:

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



Compliance Manager


Primary Care Giver

6/4/26

Date
6/4/26

Date