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]**

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]**

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]**

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 — Date 6/4/26

Primary Care Giver — Date 6/4/26