Foster Family Home - Deficiency Report

Provider ID:	**1-090100**		
Home Name:	**Fely Barayuga, CNA**	**Review ID:**	**1-090100-21**
1808 Beckley Street		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	5/18/2026

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 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 5/18/26).

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)- Client #1's Service Plan/HAP dated 11/30/25 stated to check client's blood sugar every Sunday. Per CG#1, no longer applicable; but unable to find an MD order for blood sugar check discontinuation.

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

47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d), (d)(1)- Client #2's bed with use of full siderails; unable to locate MD's order during client's chart review.

Foster Family Home **Client Rights** **[11-800-53]**

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Clients' bathroom without a door present; under My Choice My Way, clients shall be able to lock door from the inside for privacy.

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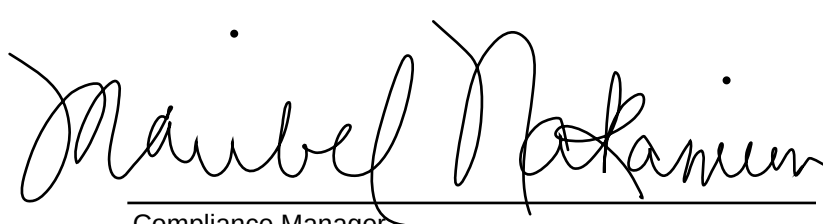
Foster Family Home	Records	[11-800-54]

54.(a)(1)	Emergency procedures and an evacuation map;
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;

Comment:

54.(a)(1)- CCFFH Emergency/Evacuation Map was incomplete- did not include the upstairs area of the home.
54.(c)(2)- Client #2's Service Plan/HAP dated 2/27/26 was not updated to reflect that client was no longer receiving rehab services (client was discharged from services since 9/29/25 per CG#1's notes(notes faxed to client's case management agency and mentioned by CG#1 during CM RN's monthly visit.
54.(c)(5)- Client #1 with use of Organic Protein Powder with Probiotics- no MD order was located during client's chart review.
Client #2's Medication Administration Record for the month of April 2025 was incomplete. No caregivers' signature on 4/30/25 indicating that four scheduled medications were administered to client.



Compliance Manager

5/18/26
Date

Primary Care Giver

5/18/26
Date