Foster Family Home - Deficiency Report

Provider ID:	**1-110062**		
Home Name:	**Frances Gay-ya, CNA**	**Review ID:**	**1-110062-28**
1711 Ema Place		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	6/9/2026

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 to CTA within 10 business days (issued on 6/9/26).

6.d.1- Client #1's 1147 document dated 1/5/26- 1/5/27 was lacking the MD's signature. Private Pay client's CCFFH required MD to sign the 1147.

Foster Family Home **Client Account** **[11-800-48]**

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a)- No evidence that CG#1 was maintaining Client #3's monthly Personal Allowance.

Foster Family Home **Physical Environment** **[11-800-49]**

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- Clients' bathroom toilet without grab bar/rails.

Foster Family Home **Quality Assurance** **[11-800-50]**

50.(b) Adverse events shall be reported

Comment:

50.(b)- No evidence that an Adverse Event was completed for Client #1's stage 3 decubitus ulcer to left buttock.

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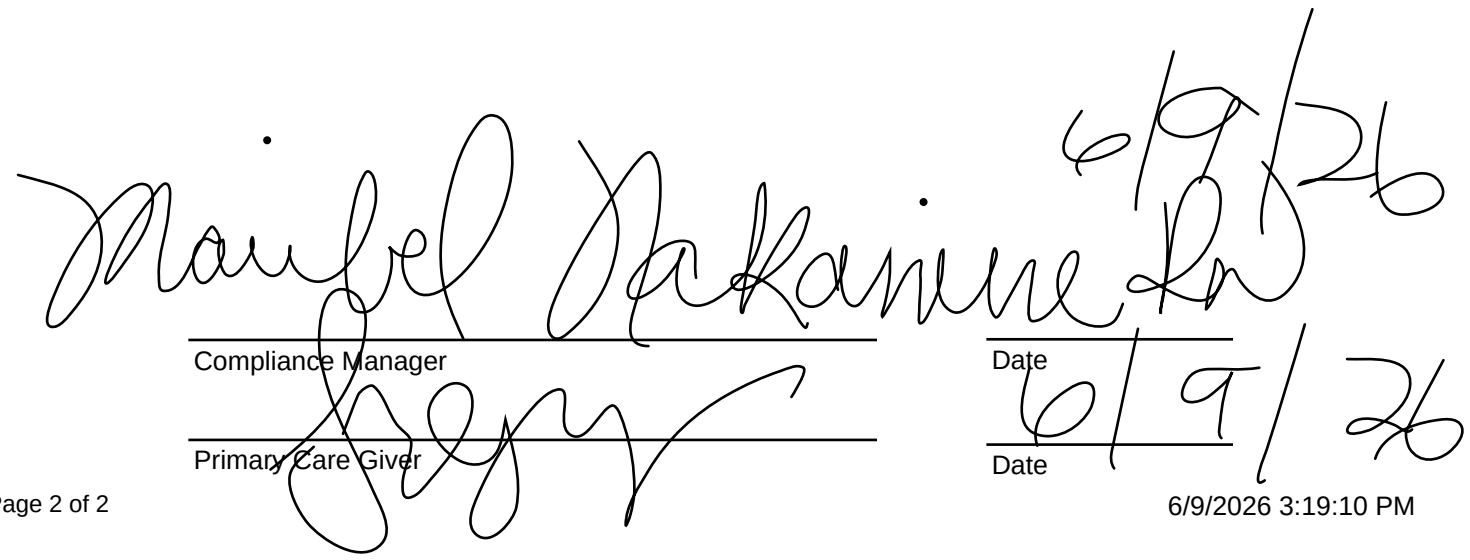
Foster Family Home	Records	[11-800-54]

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;

Comment:

54.(c)(2)-Client #2's Service Plans/HAPs dated 4/8/25-4/8/26 and 4/8/26- 4/8/27 were without the client's OPG's signatures.
54.(c)(5)- Client #1's June 2026 Medication Administration Record (MAR) were without the 2 medications- Prochlorperazine and Hyoscyamine were not transcribed in the client's MAR.



Compliance Manager — Date 6/9/26

Primary Care Giver — Date 6/9/26