Foster Family Home - Deficiency Report

Provider ID:	**1-190081**		
Home Name:	**Jesica Roufail, CNA**	**Review ID:**	**1-190081-14**
1705 Maliu Street		Reviewer:	Maribel Nakamine
Honolulu HI 96819		Begin Date:	5/26/2026

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 5/26/26).

3 Person Fire Safety, Natural Disaster	**3 Person Fire Safety**	**(3P) Fire**

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(2), (b)(6) Fire- No nighttime monthly fire drill conducted for the past 12 months. CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

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) - 3rd client's bedroom lock was on the outside. Per My Choice My Way, clients should be able to lock bedroom from the inside for privacy.

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;

Comment:

54.(c)(2)- Client #2's Service Plan/HAP dated 12/13/25 without the client's POA signature.
54.(c)(5)- Client #1 without the monthly Medication Administration Records from January 2026 thru May 2026. CTA compliance manager was unable to reconcile client's medications. Client's CMA notified by CTA compliance manager during CCFFH's client's chart review.
Client #2 without the May 2026 Medication Administration Record.
54.(c)(6)- Client #1 without the ADLs/Daily Care Flowsheets for the months of August 2025 thru May 2026.

Maribel Nakamine RN 5/26/26

Compliance Manager Date

5/26/26

Primary Care Giver Date