Foster Family Home - Deficiency Report

Provider ID:	**2-559726**		
Home Name:	**Ludivina Eder, CNA**	**Review ID:**	**2-559726-20**
147 W. Kinai Place		Reviewer:	Maribel Nakamine
Hilo HI 96720		Begin Date:	6/23/2026

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 emailed with plan of correction due to CTA within 10 business days (issued on (6/24/26).

Foster Family Home	**Personnel and Staffing**	**[11-800-41]**

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(3)- No Job Experience Form completed/present for CG#2 and CG#4.
41,(b)(8)- CG#3's CPR/Basic First Aid certifications expired on 8/24//25 an no current document was present.

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

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

Comment:

(3P)(b)(6)Fire- CG#4 and CG#5 were without evidence of having conducted a monthly fire drill for the past 12 months. CG#4 last conducted on 8/2/24 and CG#5 last conducted a monthly fire drill on 3/8/25.

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 #1 with use of full bedrails. No MD's order was present in client's chart/records.

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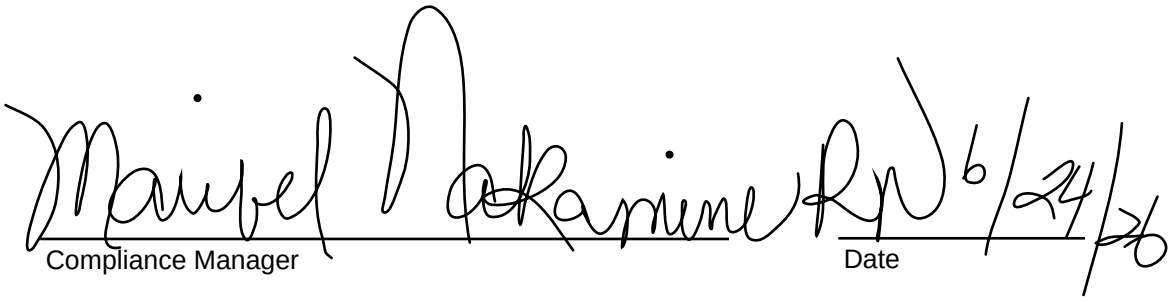
Foster Family Home	**Records**	**[11-800-54]**

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 #1's Service Plan/HAP expired on 4/13/26 and no current document was present in client's chart/records. Client #3's Service Plan/HAP expired on 12/30/25 and no current document was present. Client #3's Service Plan dated 6/30/25 without the client's/POA's signature.
54.(c)(5)- Client #1's Medication Administration Record (MAR) scheduled medication was last signed on 6/20/26. No signatures noted from 6/21/26- 6/23/26 (am doses).
Medication's label (Losartan) dosage did not match the client's June 2026 MAR and MD's order. Label stated "25 mg", MD's order and MAR stated "50 mg".



Compliance Manager — Date

Primary Care Giver — Date