Foster Family Home - Deficiency Report

Provider ID:	**1-170057**		
Home Name:	**Mary Vares, NA**	**Review ID:**	**1-170057-17**
91-846 Makaonaona Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	6/19/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date:6/19/2026).

6.(d)(1): No documentation present in client #2's records of current 1147 assessment.

Foster Family Home **Information Confidentiality** **[11-800-16]**

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training was completed by CG#3.

Foster Family Home **Fire Safety** **[11-800-46]**

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted for the months of 8/2025 and 9/2025.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50 (a) Internal emergency management policy has a signature sheet that is not signed by CG#3.

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

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)(6): No documentation present in client records of ADL/skilled nursing flowsheets from 6/16/2026 to 6/19/2026 for client #1 and #2.

No evidence present in client records of Case management agency RN/SW monthly visits for 1/2026 and 12/2025 for client #1 and 8/2025 for client #2.

Compliance Manager — Date 6/19/26

Primary Care Giver — Date 6/19/26

6/19/2026 1:29:34 PM