Foster Family Home - Deficiency Report

Provider ID:	**1-250063**		
Home Name:	**Rhea Oliver, CNA**	**Review ID:**	**1-250063-2**
91-1740 Paeko Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	6/2/2026

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: 6/2/2026).

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 confidentiality training completed for CG#4.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.

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

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): No evidence present in client records of 06/2026 medication administration record. Last documentation of medication administration dated 5/31/2026.

Compliance Manager — Date: 6/2/26

Primary Care Giver — Date: 6/2/26