

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

Comment:

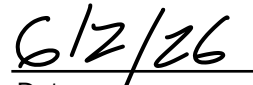
54.(c)(5): No evidence present in client records of 06/2026 medication administration record. Last documentation of medication administration dated 5/31/2026.



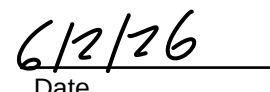
Compliance Manager



Primary Care Giver



Date



Date