

# Foster Family Home - Deficiency Report

Provider ID: 1-170087

Home Name: Marian Nakahashi, RN

Review ID: 1-170087-14

2351 Aumakua Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 9/26/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/26/2024).

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1): Evidence of lapse of ecrim background check for CG#1 and CG#5. Background clearance was due by 10/15/2023 and completed 11/07/2023.

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1 and CG#5. APS/CAN clearance was due by 10/27/2023 and completed 11/15/2023.

## Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence of written consent/acknowledgement signed by client/POA for use of camera/monitor in client #1's bedroom.

## 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) Federal regulations require clients to be able to lock and unlock their bedroom and bathroom doors for privacy. Client #1 and #2's bedroom door cannot be locked or unlocked by client from inside their rooms.



Compliance Manager



Primary Care Giver

9/26/24  
Date  
9/26/24  
Date

CTA RN Compliance Manager: Ryan Nakamura, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Marian Nakahashi

(PLEASE PRINT)

CCFFH Address: 2351 Aumakua St. Pearl City Hawaii 96782

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1)	Laspe cannot be corrected.	9/28/2024	Will place Ecrim due date on phone calendar app to set as a reminder and complete this at least two weeks prior to expiration date.
8.(a)(2)	Laspe cannot be corrected.	9/28/2024	Will place APS/CAN due date on phone calendar app to set as a reminder and complete this at least two weeks prior to expiration date.
49.(b)(3)	Obtained family/POA signed consent as well as MD order to use motion detector and camera to monitor pt safety and high risk of falls.	9/28/2024	Will obtain family / POA written consents as proof of agreement with plan of care prior to initiating safety measures.
53.(b)(9)	Changed both client room door knobs to those with privacy locks which can be locked and unlocked from the interior of room.	9/26/2024	Will review CTA/HRS rules regarding requirements of physical environment of CCFFH and correct any deficiencies noted.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/28/2024

CTA has reviewed all corrected items