

Foster Family Home - Deficiency Report

Provider ID: 1-230038

Home Name: Deborah O'Dell, NA

Review ID: 1-230038-5

1339 Naulu Place

Reviewer: Ryan Nakamura

Honolulu HI 96818

Begin Date: 3/15/2025

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 30 days of inspection (inspection date: 3/14/2025).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence provided by CCFFH of searches conducted on sex offender registry for all caregivers and no CNA registry check for CG#4. No documentation provided.

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 provided by CCFFH of CG#3 trained of CCFFH's confidentiality/privacy training. No documentation provided.

Foster Family Home - Deficiency Report

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). |
| 41.(b)(7) | Have a current tuberculosis clearance that meets department guidelines; and |
| 41.(b)(8) | Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid. |
| 41.(c) | The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home. |
| 41.(g) | The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan. |

Comment:

- 41.(b)(4): No documentation provided by CCFFH of substitute caregiver disclosure form completed by CG#2 and CG#3.
- 41.(b)(7): No evidence provided by CCFFH of TB clearance completed by CG#4 in the past 13 months. No documentation provided.
- 41.(b)(8): No evidence provided by CCFFH of current CPR/first aid for CG#1. Training was due by 3/12/2024.
- 41.(b)(8): Evidence of lapse of first aid/CPR based on documents provided by CCFFH for CG#4. Training was due by 3/31/2024 and was completed 5/07/2024.
- 41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen/infection control training completed for CG#1, CG#2, and CG#3. Training was due by 1/02/2025.
- 41.(c): No evidence provided by CCFFH of minimum 12 hours of annual in-service training for CG#1 and minimum 8 hours of annual in-service training for CG#2 and CG#3 was completed in 2024.
- 41.(g): No evidence provided by CCFFH of basic skills were checked by client #1 or client #2's case management agency for CG#2 and CG#3. No documentation provided.

Foster Family Home	Client Care and Services	[11-800-43]
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| 43.(c)(3) | Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100. |
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Comment:

- 43.(c)(3): No evidence provided by CCFFH of RN delegations were given by client #1 and client #2's case management agency to CG#2 and CG#3. No documentation provided.
- 43.(c)(3): No evidence provided by CCFFH of RN delegations of topical medication administration was given to call caregivers by client #1's case management agency.

Foster Family Home	Fire Safety	[11-800-46]
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| 46.(b)(2) | All caregivers have been trained to implement appropriate emergency procedures in the event of a fire. |
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Comment:

- 46.(b)(2): No evidence provided by CCFFH of CG#4 conducted at least one fire drill in the past 12 months at CCFFH. No documentation provided.

Foster Family Home - Deficiency Report

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 documentation provided by CCFFH of written consent/acknowledgment of use of camera/monitor in client #1's bedroom by client/POA.

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2): No documentation provided by CCFFH of written adverse report submitted to client #2's case management agency within 72 hours of hospitalization on 2/04/2025. During inspection, CG#1 completed a written adverse event report and faxed it to client's case management agency.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(A)(1): No evidence of current general liability insurance for CCFFH. Document provided expired on 10/09/2024.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

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:

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

53.(b)(9) Federal regulations require client bedrooms and bathroom doors to be able to be locked only from the inside by the client for privacy. Client #2's bedroom door can only be locked from the outside.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

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)(5): 1 medication order discrepancy noted for client #1 on medication label and compared to medication administrative record and order on file.

54.(c)(5)(6): No daily documentation provided by CCFFH of medication administration and skilled nursing check list/personal care for client #1. Last dated documentation was 3/07/2025.



Compliance Manager



Primary Care Giver

3/14/25
Date

3/14/25
Date

CTA, RN Compliance Manager:

Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Deborah O'Dell

CCFFH Address:

2304 Hoochai Street Pearl City, HI 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	Sex offenders.chamwai.gov Conducted search for all caregivers & printed out all copies of results to add to folder. Attached CG#4 CNA register check.	4-28-25 4-28-25	Copies have been added to [redacted] folder. Created and added this to my reminder folder for my yearly re- certifications. Documentation was in folder, but will make sure it is visible. Will also make extra copies and have it on file in case this happens again.
11.b.b.5	CG#3 is no longer working in home.	4-28-25	Substitute caregiver change form was added to [redacted] folder. Will make sure to add Confidentiality/ Privacy training forms for future caregivers. Reminders added to spreadsheet on laptop

☒ All items that were corrected are attached to this POC

PCG's Signature:

Deborah O'Dell

Date: 05-23-25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan NakamuraCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

Deborah O'Dell

POC's Name on CCFFH Certificate:

CCFFH Address: 2304 Hoohai Street Pearl City, HI 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?
4.1.B.4	Disclosure form was completed by CG#2 CG#3 is no longer helping in home	4.28.25	Will make sure form is visible in folder & will also have copy in file to present if it gets removed again.
4.1.B.7	Attached CG#4 TB Clearance	4.28.25	Will make sure to add reminders at least 6 weeks ahead of expiration date to reminder folder for yearly recertifications.
4.1.B.8	CPR/first aid was completed and added to folder for CG#1	5.05.25	Will make sure there is a reminder when it gets close to renewal again. Added to reminder folder in file.
4.1.B.8	CG#4 CPR/first aid certifications were added to folder. Copies attached and is good til May 2026.	5.05.25	Added to reminder folder for yearly recertifications.

☒ All items that were corrected are attached to this POC

POC's Signature:

Deborah O'Dell

Date:

05.23.25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan NakamuraCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

POC's Name on CCFFH Certificate:

Deborah O'Den

CCFFH Address:

2304 Hoohai Street Pearl City, HI 96762
(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?
4.B.8	Got copies of CG#1, CG#2 and CG#4 blood borne pathogen/infection control training certificates added to folder.	05.05.25	Reminders added to spreadsheet on laptop 6 weeks prior to expiration date for renewals.
4.1.C	Still working on obtaining all inservice certificates for both CG#1 and CG#2. CG#1 is short 9hrs. CG#2 is short 5hrs.	5-10.25	Attached certificates, but will get copies of the rest of the hours and submit asap. Added reminders in the yearly recertification folder in computer spreadsheet
4.1.g	Attached both client#1 and client#2's case-management agencies basic skills documentation for both CG#1, CG#2 & CG#4	5.10.25	Documents are filed in folder readily available for view. Also made copies & added to file in case they end up missing again from [redacted] folder.

☒ All items that were corrected are attached to this POC

POC's Signature:

Deborah T. O'Den

Date:

05.23.25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan Nakamwa

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

POC's Name on CCFFH Certificate:

Deborah O'Dell

CCFFH Address:

2304 Hooheai Street Pearl City, HI 96702
(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?
4.3(C.3)	RN delegations were given by Client 1 and Client 2's case management agency to CG #2. CG #3 is no longer working in foster home.	5.10.25	Updated & signed RN delegations have been added to folder. Home will notify client's CMA that RN delegations need to be done within 30 days of a care giver being added.
4.3(C.3)	Received RN delegations of topical medication administration from CMA. Was given to all CG's by Client 1's case management agency.	5.10.25	RN delegation has been added to client 1's folder. Will contact CMA when any changes are made and RN delegations need to be added. Reminders added to spreadsheet on laptop.

☒ All items that were corrected are attached to this POC

POC's Signature:

Deborah O'Dell

Date:

05.23.25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan NakamuraCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

POC's Name on CCFFH Certificate:

Deborah O'Den

CCFFH Address:

2304 Hoochai Street Pearl City, HI 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?
41(B.2)	CG#4 conducted fire drill @ new location. Lapse cannot be corrected.	5.5.25	Home Will use calendar to make sure all CG's rotate on conducting fire drills.
41(B.3)	POA of Client #1 signed consent form for approval of use of camera monitor in Client #1's bedroom.	4.28.25	Consent form was added to Client #1's folder for view. Made copies for file for future clients when consent is needed.
5.0(B.2)	CG#1 completed a written adverse event report and faxed it in to Client #2's case management agency while [redacted] manager was present.	3.14.25	CG#1 will make sure to fax in all future adverse event reports within 72 hrs from incident to case management agency. Reminders added to spreadsheet on laptop

☒ All items that were corrected are attached to this POC
 POC's Signature: Deborah O'Den

Date: 5.23.25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan Nakamura

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

POC's Name on CCFFH Certificate:

Deborah O'Brien

CCFFH Address:

2304 Hodari St. Pearl City, HI 96782

(PLEASE PRINT)

(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?
5.1(A.1)	liability insurance renewal date was 10/19/24 to 10/19/25	5.9.25	Received copy of certificate of liability insurance and added it to [redacted] folder. Added reminder to Certification spreadsheet to obtain renewal copy as soon as it's renewed.
5.2(A)	Internal Emergency management policy signature sheet was printed and signed by CG#1, CG#2 & CG#4	4.28.25	Added to [redacted] folder and Viki for view. Will make sure to add new care givers once approved. Reminders added to spreadsheet on laptop

☒ All items that were corrected are attached to this POC

POC's Signature:

Deborah O'Brien

Date:

05.23.25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan Nakamura

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

POC's Name on CCFFH Certificate:

Deborah O'Brien

CCFFH Address:

2304 Hookey St. Pearl City, HI 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?
53(B.9)	Client #2's bedroom door had a lock from the outside. Was not aware til it was pointed out by [REDACTED]	4/15/25	Moved and is no longer at that location, but am aware of the rules & regulations. Did a walk through and checked Client #4 & Client #2's doors at new location.
54(C.5)	Medication discrepancy was corrected by client #1's CMA, MD and CG #4 on client's medication administration record.	4/28/25	Corrected MAR matches prescribed VA MD order. CG #4 will look at all the medication administration records and bottles to ensure they both match every time before giving medication. Home will immediately notify CMA, pharmacy and the doctor if they are different.

☒ All items that were corrected are attached to this POC

POC's Signature:

Deborah O'Brien

Date:

5.23.25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Deborah O'Don

CCFFH Address:

2304 Hoohe Street Pearl City, HI 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?
504 (C56)	Client #4 daily documentation of medication administration, Skilled nursing check list & personal care logs have all been updated	3-14-25	CG #4 is making sure to update paperwork daily right after task is done in the correct forms. Reminders added to spreadsheet on laptop

☒ All items that were corrected are attached to this POC

PCG's Signature:

Deborah O'Don

Date:

05-23-25

☒ CTA has reviewed all corrected items