

Foster Family Home - Deficiency Report

Provider ID: 1-220071

Home Name: Abegail Fernando, NA

Review ID: 1-220071-7

2008 Ulana Street

Reviewer: Ryan Nakamura

Honolulu

HI

96819

Begin Date: 6/17/2025

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: 6/17/2025).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1. 1147 assessment provided ended on 5/1/2025.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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.

Comment:

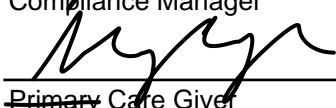
41.(a)(2): No evidence provided by CCFFH of CNA Prometric registry check was completed for CG#2 and CG#6. No documentation provided.

41.(b)(8): No evidence provided by CCFFH of current first aid/CPR training for CG#7. Training was due by 3/5/2025.

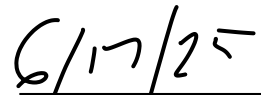
41.(c): No evidence provided by CCFFH of minimum 8 hours of annual in-service training was completed in 2024 for CG#7. 3 hours were provided for during 2024.



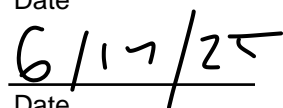
Compliance Manager



Primary Care Giver



Date



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: ABEGAIL G. FERNANDO

(PLEASE PRINT)

CCFFH Address: 2008 ULANA ST. HONULULU HAWAII, 96819

(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?
6.(d)(1)	Client #1 current 1147 was obtained, and it is now placed into client #1 binder.	7-8-25	PCG will remind CCase management agency 1 month expiration date to prevent from expiring a requirements.
41.(a)(2)	Went Online/Website Registry.Prometric.com to get CG#2 and CG#6 and print out the result and placed into my binder.	6-24-25	always check my Email and put a Reminder to my Calendar.
41.(b)(8)	Cannot be corrected. -Misplaced the copy of the first aid/CPR training for CG#7, and I recover the copy and I have a evidence, make sure next time I will file their credentials right away in to my binder.	6-24-25	Home will check all the Binder and update every month, will use calender or notes to list all due dates on.
41.(c)	Cannot be corrected. -This year i'll make sure she has to get eight hours of inservices yearly.	6-24-25	CCFFH Will use Notes, Calendar reminder, spread sheets, before due dates

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 7-8-25

☒ CTA has reviewed all corrected items

101821 S. Young