

# Foster Family Home - Deficiency Report

Provider ID: 1-220063

Home Name: Annabelle Pascua, CNA

Review ID: 1-220063-7

91-1275 Hoopio Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 5/21/2025

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/21/25).

6.d.1- No 1147 present for Client #1.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed 7/24/24 and was not renewed until 11/12/24.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present for Client #1.

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

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- No signatures present after each dated entry in Client #1's progress/observation documentations.

Maribel Nakamine, RN 5/21/25  
Compliance Manager  
Date  
5/21/25  
Primary Care Giver  
Date

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

PCG's Name on CCFFH Certificate: ANNABELLE PASCUA

(PLEASE PRINT)

CCFFH Address: 91-1275 HOOPIO ST. EWA BEACH HI 96706

(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       | Form 1147 was completed by the case manager and filed in the patient binder.  | 5/22/25                       | PCG's should always work with the Case Manager for all the forms needed and it should always make sure it is up to date in the client's binder.  |
| 41.(b)(7)   | Current Tuberculosis clearance should be renewed before the expiration and filed in the CCFFH the binder.                               | 5/28/25                       | Caregiver should monitor and set a reminder like using spreadsheet for all the requirements need to renew on time.   |
| 46 (c)      | Medication side effects was created, reviewed by the caregiver and filed in the client binder for future reference.                     | 5/22/25                       | Caregiver and Case Manager should work each other to review and discuss all the patient medicine and all the possible side effects of the patient medicine and file in the client's binder.            |
| 54 (b)      | Caregiver ask permission to the case manager to review progress notes that has done in the past and they let me signed after each date. | 5/28/25                       | Caregiver should have a reminder in the progress note folder to signed when the notes are completed as indication of permanent record and it should be detailed and kept in the patient binder/folder. |

☐ All items that were corrected are attached to this POCPCG's Signature: aspasuaDate: 06.04.2025☒ CTA has reviewed all corrected items