

Foster Family Home - Deficiency Report

Provider ID: 1-580888

Home Name: Azucena Luiz, CNA

Review ID: 1-580888-18

91-414 Papi Drive

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/13/2025

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 visit made for a 3 bed re-certification inspection.

Client#1 has expired Form 1147 on 5/1/2025.

Deficiency Report issued during CCFFH inspection via email on 6/13/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Sex Offender check are not present for CG# 1, #2, #3, and #4.

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

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1, #2, #3, and #4.

41.(b)(7) CG# 1, #3, and #4 did not have evidence of current TB clearance on the current standardized form.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#4 did not conduct a fire drill in the past 12 months.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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)(2) No current service plan present for Client#1, #2, and #3.

Client#1, Last one in record is dated 2/15/2024.

Client#2, Last one in record is dated 8/27/2024.

Client#3, Last one in record is dated 7/29/2024.

54(c)(6) Client#2 did not have evidence of RN monthly visit notes, last notes was from 1/16/2025.

Client#3 did not have evidence of RN monthly visit notes, last notes was from 12/30/2024.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Azuncena Mae D. Luiz

(PLEASE PRINT)

CCFFH Address: 91-414 Papipi Drive Ewa Beach, Hawaii 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)	Requested copy of the updated 1147 from case management. Assessment has been done March 5, 2025. 1147 is good to 5/01/2026.	6/15/2025	Will make sure that updated copy of 1147 is placed in the client binder by following up with the nurse and social worker 1 week after they come to assess. I will mark on the calendar so that I won't forget to collect the copy.
8.(a)(1)	Generated searched on the web for sex offenders on all my caregivers including myself. Results are no offenders.	7/01/2025	I will make sure to update my email address with CTA in order to receive newsletter. My new email is luizjl001@gmail.com. I will make sure to mark my calendar one week before background check, Prometric check and TB expires.
41.(a)(2)	I generated search on the web for CNA Prometric on all of us form July 2nd.	7/02/2025	
41.(a)(7)	I and my secondary James Luiz did our TB test but didn't use the new form. My other secondary Marlene Paclob her TB and used the right	7/02/2025	
3P(b)(6)	I made sure that Marlene Paclob does the fire drill at least once a year. She did one on July 2, 2025.	7/02/2025	I will mark my calendar to make sure all my caregivers do a fire drill once a year.
54(c)(2)	Requested copies of each client service plans from their case management.	7/01/2025	I will mark on my calendar one week before it expires so I won't forget to collect a copy.
54(c)(6)	Collected copies of nurse and social worker assessment.	7/01/2025	I will follow up with the nurse and social worker 1 week after they come to assess. I will mark on my calendar so I won't forget to collect the copy.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 7/9/25

☐ CTA has reviewed all corrected items