

# Foster Family Home - Deficiency Report

**Provider ID:** 1-240063

**Home Name:** Caroline Ulep, CNA

**Review ID:** 1-240063-3

1621 Kaumoli Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 6/16/2025

<b>Foster Family Home</b>	<b>Required Certificate</b>	<b>[11-800-6]</b>
---------------------------	-----------------------------	-------------------

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: 6/16/2025).

6.(d)(1): No evidence provided by CCFFH of CNA registry check for CG#4. No documentation provided.

<b>Foster Family Home</b>	<b>Information Confidentiality</b>	<b>[11-800-16]</b>
---------------------------	------------------------------------	--------------------

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 confidentiality/privacy training completed for CG#4 and CG#5. No documentation provided.

# Foster Family Home - Deficiency Report

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

- |           |  |
|-----------|--|
| 41.(a)(1) | Reside in the community care foster family home;   |
| 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)(5) | Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.   |
| 41.(b)(8) | Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.  |
| 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.(a)(1): No documentation provided by CCFFH of CG#1 listed as tenant for CCFFH. Tenants listed under rental agreement were CG#7 and unknown non-household member. CG#1 stated that unknown household member does not currently live at CCFFH. CTA notified CG#1 that an updated lease agreement needs to be provided.
- 41.(b)(4): No evidence provided by CCFFH of substitute caregiver disclosure form completed by CG#4 and CG#5.
- 41.(b)(5): CCFFH reported CG#4 and CG#5 as alternative drivers for CCFFH. No documentation provided of proof of car insurance provided for CG#4. Current car insurance policy for CG#5 did not meet minimum \$100,000 bodily injury damage per person.
- 41.(b)(8): No evidence provided by CCFFH of current CPR training was completed for CG#6. Training was due by 5/2/2025.
- 41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen training for CG#1, CG#4, and CG#5. Training was due by 1/3/2025 for CG#1. No documentation provided for CG#4 and CG#5.
- 41.(g): No evidence provided by CCFFH of basic caregiver skills were checked by client #1 or client #2's case management agency for CG#4. No documentation provided.

Foster Family Home	Fire Safety	[11-800-46]
--------------------	-------------	-------------

- |        |   |
|--------|---|
| 46.(a) | The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors. |
|--------|---|

Comment:

- 46.(a): No evidence provided by CCFFH of monthly fire drills were conducted at CCFFH. Last documented fire drill was dated 3/25/2025.

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 documentation provided by CCFFH of list of current medications' side effects for client #1.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 50.(b) Adverse events shall be reported
- 50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and
- 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.(a): Internal emergency management policy has a signature sheet that is not signed by caregivers.

50.(b)(1)(2): No evidence provided by CCFFH of written and verbal adverse event report was completed for client #2's ER visit dated on 6/01/2025. No documentation provided by CCFFH of verbal report was given to client's case management agency, family, or physician. No documentation of written report was completed.

## Foster Family Home

## Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

51.(a)(1): No evidence provided by CCFFH of CG#6 included in CCFFH's current general liability insurance.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

## Foster Family Home

## Records

[11-800-54]

- 54.(c)(1) Client's vital information;
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

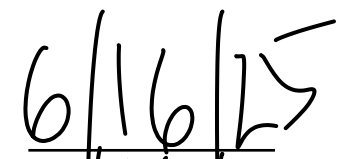
Comment:

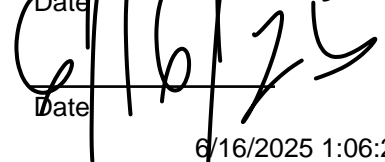
54.(c)(1): No documentation provided by CCFFH of client #2's face sheet.

54.(c)(2): No evidence provided by CCFFH of current service plan for client #2. Last completed service plan was dated 10/15/2024 and was due by 4/2025.

  
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: CAROLINE B. ULEP

(PLEASE PRINT)

CCFFH Address: 1621, KAUMOLI STREET, PEARL CITY, 96782, HI.USA

(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)	Hawaii State Nurse Aide Registry Verification Report for CG#4 was provided and placed into home record	06/24/25	Home will use a spreadsheet on Laptop to identify when a Caregivers notify to secure a CNA REGISTRY CHECK
16.(b)(5).	Confidentiality Privacy Training was completed for CG#4 and CG#5. It was provided and put into home record,	06/25/25	Home will use spreadsheet on Laptop to enable Caregivers to determine the Confidentiality Privacy Training that needs to be completed after its approval.
41.(a.)(1)	An updated Lease Agreement was provided. CG#7 was deleted and CG#1 was included. And it was placed into home record	07/05/25	Home will notify Tenants to include their names in the Rental Agreement by signing the Rental Application and it will be submitted to the Landlord

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 07/22/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: CAROLINE B ULEP

(PLEASE PRINT)

CCFFH Address: 1621 , KAUMOLI STREET, PEARL CITY, 96782 HI. USA

(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)(4)	CG#4 and CG#5 Substitute Caregiver Disclosure forms was provided and put into home record.	06/17/25	Home will use the bulletin board ,when a substitutute caregiver sign the Disclosure form before it start the hours of work.
41(b)(5)	CG#4 Car insurance was provided and put into home record.And CG#5 Car Insurance Policy met the minimum \$100,000.00 bodily injury damaged per person.Put into home record	06/20/25	Home will use bulletin board what are the requirements when a caregivers bring clients for doctors appoinments or some other activities like checking papers for transportation who drive for the Clients.
41(b)(8)	CG#3 or CG#5 Current CPR was provided and it was placed into home record	06/25/25	Home will use a bulletin board to put all due dates on Medical/Physical/TB-test/Bloodborn/ Fielprint/CPR form and will be done 1st week before due date .
41(g).	CG#4 checked the Basic Caregiver Skills for Client #1 or Client #2's Case Management Agency. It was placed into client record	06/19/25	Home will use bulletin board to reminds Caregivers of what needs to be checked or sign before begins the hour of work or do the patient care.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/09/25

☒ CTA has reviewed all corrected items

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: CAROLINE B. ULEP

(PLEASE PRINT)

CCFFH Address: 1621, KAUMOLI STREET, PEARL CITY 96782 HI. USA

(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?
50.(a).	Internal emergency management policy sheet was signed by the caregivers and placed into client record	07/18/25	Home will use spreadsheet on Laptop in writing to identify what needs to be sign by the Caregivers after trained on all of the home's emergency management procedures.
50.(b)(1) (2)	Completed Written and Verbal Adverse Event Report for client #2's ER visit dated 06/01/25 was provided and put into client record	07/03/25	Home will use spreadsheet on Laptop in writing the process of ; before and after bringing clients to ER
51.(a)(1)	An updated Certificate Liability of Insurance was provided and put into home record.	07/04/25	Home will use a wall Calendar to identify when a General Liability Insurance of a home will need to be updated.
52.(a)(b).	Lapse can not be corrected.	07/06/25	Home will use a wall calendar to put all due dates of Monthly Budget, will be done at least 1 week before due date to prevent future Lapse.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 07/22/25

☒ CTA has reviewed all corrected items

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: CAROLINE B. ULEP

(PLEASE PRINT)

CCFFH Address: 1621 KAUMOLI STREET, 96782 HI. USA

(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?
54.(c)(1).	Documents was provided and put into clients record.	06/18/25	Home will use a spreadsheet on Laptop to Identify Caregivers when a Face Sheet is need to file into client record after admitted
54.(c)(2).	Lapse can not be corrected	07/05/25	Home will use a wall calendar to put all due dates of Service Plan, will be done at least 1st week before due date to prevent future Lapse.
41.(b)(8).	Lapse can not be corrected	06/20/25	Home will use a wall calendar to put all due dates of Bloodborne Pathogen Training ,will be done at least 1st week before due dates to prevent future lapses.
46.(a)	Lapse can not be corrected	06/22/25	Home will use a wall calendar to put all due dates of Monthly Fire Drill , will be done at least 1st week before due date to prevent future lapses.
47.(c).	Lists of Current Medication's Side Effects for client #1 was documented and put into client record.	06/23/25	Home will use a spreadsheet on Laptop to notify awareness of Caregivers in proper way of Medications as well as the Side Effects of every medication in the MAR.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/22/25

☒ CTA has reviewed all corrected items