## Foster Family Home - Deficiency Report

Provider ID: 1-511114

Home Name: Charlyne Menor, LPN Review ID: 1-511114-18

1428 Kaumoli Place Reviewer: Ryan Nakamura

Pearl City HI 96782 Begin Date: 6/20/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA due within 30 days of inspection (inspection date: 6/20/2025).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

Foster Family Home Background Checks [11-800-8]

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 sex offender registry searches for CG#1, CG#3, HHM#2, and HHM#3. No documentation provided.

Foster Family Home Information Confidentiality [11-800-16]

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 documentation provided by CCFFH of CCFFH's confidentiality/privacy training completed for CG#3, HHM#2, and HHM#3.

Foster Family Ho	ome Records	[11-800-54]	
54.(c)(2)	Client's current individual service plan, and	when appropriate, a transportation plan approved	d by the department;
54.(c)(6)	social worker monitoring flow sheets, client	vices through personal care or skilled nursing dail tobservation sheets, and significant events that m n of services to the client, including but not limited	nay impact the life,

Comment:

54.(c)(2): No documentation provided by CCFFH of current service plan for client #1. Last documented service plan was completed on 3/02/2024 and stated next review date was 9/30/2024.

54.(c)(6): No documentation provided by CCFFH of RN/SW case management visits for months of 3/2025, 2/2024, 12/2024, 10/2024, 9/2024, and 6/2024.

Compliance Manager

Cymr~~

Primary Care Giver

Date / 2 \ Date

9:12 PM FROM: FedEx Office

TO: +18082345470

Ρ.

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: Charlyne Menor

(PLEASE PRINT)

CCFFH Address:

1428 Kaumoli Place, 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?		
6.d.1	CG#1 obtained the current 1147 of Client #1 from client's CMA. Document was filed in client's chart.	7/14/25	In the future, CG#1 will inquire with the client's CM RN to ensure that the 1147 is current and done prior to expiration and that the 1147 will be filed in client's chart.		
8.(a)(1)	CG#1 obtained CG#1, CG#3, HHM#2, and HHM#3. Documents were filed in the CCFFH binder.	7/14/25	In the future, CG#1 will renew all caregivers and household members on time and as scheduled along with the background checks,		
16.(b)(5)	CG#1 provided CG#3, HHM#2, and HHM#3 the CCFFH's confidentiality/privacy training. Document was signed and filed in the CCFFH binder.	7/14/25	CG#1 will train all new caregivers and household members within 7-10 days of adding them to CCFFH.		
54.(c)(2)	CG#1 obtained Client #1's current Service Plan from client's CMA. Document was filed in client's chart.	7/14/25	CG#1 will check the client's Service Plan every 6 months prior to expiration and will obtain the current service plan from the client's CM RN.		
54.(c)(6)	CG#1 obtained all missing RN/SW visits from client's CMA. Documents were filed in client's chart.	7/14/25	In the future, CG#1 will remind client's CMA RN during monthly visits to update and provide the RN/SW visits if missing.		
			In the future, CG#1 will create a spreadsheet to ensure that due dates are monitored for all document renewals.		

$\bigcirc$	All items that were	corrected a	are attache	ed to	this POC
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PCG's Signature:

Charlyne D. Mind

X CTA has reviewed all corrected items

101821 S. Young