

Foster Family Home - Deficiency Report

Provider ID: 1-100075

Home Name: Divinagrace Ordonia, CNA

Review ID: 1-100075-22

91-1766 Lau'o Street

Reviewer: Po Lim

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 re-certification inspection.

Client #1 has an expired Form 1147 on 5/9/2025.

Deficiency Report issued during CCFFH inspection via email on 5/21/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Fingerprint was overdue for HHM# 3. Fingerprint was due on or before 4/23/2024 and was not present in the CCFFH file.

8.(a)(1) Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

8(a)(2) APS/CAN checks were lapsed for CG#1.

APS/CAN was due on or before 6/15/2024 and was completed on 7/17/2024.

APS/CAN checks were overdue for CG#3.

APS/CAN was due on or before 6/15/2024 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#1 and CG#3. Both their State Name Check (eCrim) was due on or before 6/15/2024 and is not present in the CCFFH file.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 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) CNA Prometric registry check are not present for CG#1, and CG#2.

41(a)(3) No job experience form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4. CG#4 TB clearance expired, was due on/before 11/9/2024.

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG# 4. It was missing from file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 4. CG# 4 requires 12 hours of in-service training, but had only 9 hours attended in 2024.


Compliance Manager


Date

Primary Care Giver

Date

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
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Comment:

5/25/25
41(a)(2) CNA Prometric registry check are not present for CG#1, and CG#2.

5/25/25
41(a)(3) No job experience form present for CG#4.


41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4. CG#4 TB clearance expired, was due on/before 11/9/2024.

5/25/25
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3° more


Compliance Manager


Primary Care Giver

5/21/2025
Date

5/21/2025
Date

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: Divinagrace Ordonia

(PLEASE PRINT)

CCFFH Address: 91-1766 Lau'o St. Ewabeach, 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)	6(d)(1): Notified [REDACTED] CMA CM of their expired 1147.	7/01/2025	6.(d)(1): Home will make a reminder for the next expiration of the Service Plan. <i>date</i>
8.(a)(1)	Home obtained criminal hx records, sex offender check for all CGs and HHM#3.	5/25/2025	8.(a)(1): Home will make a reminder of due dates for the next criminal history records, sex offender check for each caregivers and HHM#3.
8.(a)(1)	Home obtained a fingerprinting for HHM#3.	5/25/2025	8.(a)(1): Home will make a reminder of due dates fingerprinting for HHM#3.
8.(a)(2)	Home obtained an APS/CAN checks for CG#1 & CG#3.	5/25/2025	8.(a)(2): Home will make a reminder of APS/CAN to all caregivers and HHM#3.
8.(c)	Home obtained an eCrim for CG#1 and CG#3.	5/25/2025	8.(c): Home will make a reminder of an eCrim for all caregivers and HHM#3.
41.(a)(2)	Home obtained a CNA Prometric registry check for CG#1 & CG#2.	5/25/2025	41.(a)(2): Home will make a reminder of CNA Prometric Registry check for CNA staffs.
41.(a)(3)	41.(a)(3): CG#4 has a job experience form but it was removed from her chart.	5/25/2025	41.(a)(3): Home will make a consistent check on SCG folder to make sure all requirements are complete.
41.(b)(7)	41.(b)(7): CG#4 TB clearance was obtained on 3/26/2025.	3/26/2025	41.(b)(7): Home will make a consistent check on SCG folder to make sure all requirements are complete.

☒ All items that were corrected are attached to this POC

PCG's Signature: *Divinagrace Ordonia*

Date: 7/1/2025

☒ 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: Divinagrace Ordonia

(PLEASE PRINT)

CCFFH Address: 91-1766 Lau'o St Ewabeach, 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?
41.(b)(8)	Home obtained a First Aid training for CG#4	5/28/2025	Home will make a reminder note for requirements and will file the result in SCG's folder.
41.(c)	Home is unable to correct the "lapsed in-service training for 2024."	7/01/2025	Home will continue to remind SCG to obtain a total of 12 hours of in service training annually.

☒ All items that were corrected are attached to this POC

PCG's Signature: *DgOrdonia*

Date: 7/01/2025

☒ CTA has reviewed all corrected items