

Foster Family Home - Deficiency Report

Provider ID: 1-110051

Home Name: Emily Rivera, CNA

Review ID: 1-110051-22

1917 Hanu Lane

Reviewer: Ryan Nakamura

Honolulu

HI

96819

Begin Date: 6/23/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/23/2025).

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): No evidence present in CCFFH records of sex offender registry searches for CG#1, CG#2, CG#3, CG#4, and HHM#2.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 present in CCFFH records of confidentiality training completed for HHM#2.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in CCFFH record of RN delegations of eye drop and skin preparation medication administration by client #1's case management agency for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH record of CG#4 conducted a fire drill in the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation present in CCFFH record of physician order for use of bed side rails for client #1.

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in CCFFH record of written consent/acknowledgement by client or representative of use of cameras in clients' common areas for client #1 and clients' common areas and bedroom for client #2.

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(5) Medication schedule checklist;


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;

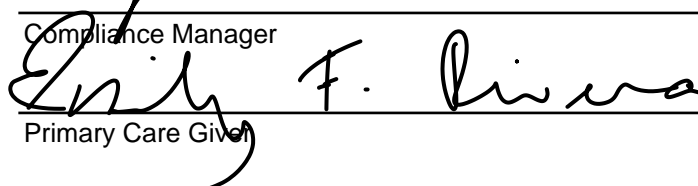
Comment:

54.(b)(1): Discrepancy noted between what was documented in client #1's medication administration record (MAR) compared to what was reported by CG#1 of frequency of medications administered. Multiple medications have frequency orders of specific days that medications are to be administered but MAR is documented that medications are documented daily. CTA questioned CG#1, who signed off administered medications, and CG#1 stated that medications are only administered on day it was specified in the order.

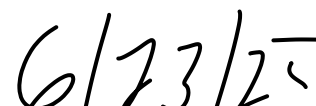
54.(c)(5): Discrepancy noted in CCFFH record of client #1's medication administration record (MAR) compared to client's medication label/order for magnesium oxide's frequency. Per MAR, Magnesium oxide to be administered Monday, Wednesday, Friday and medication label stated to be administered Monday, Wednesday, Friday, and Sunday.

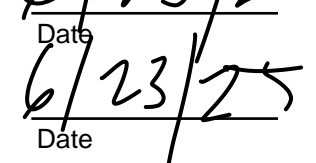
54.(c)(5)(6): No evidence present in CCFFH record of daily documentation of medication administration and skilled nursing checklist. Last documentation dated was 6/18/2025 for client #1 and client #2.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN MSN ED

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

PCG's Name on CCFFH Certificate: EMILY RIVERA

(PLEASE PRINT)

CCFFH Address: 1917 HANU LANE HONOLULU HAWAII 96819

(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?
8.(a)(1)	Place in home binders record book all the result from online.	7/5/2025	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent future lapses.
16.(b)(5)	Confidentiality completed for HHM#2.	7/5/2025	Home will use a wall calendar to put all due dates on. Confidentiality will be done at least 2 weeks before due date to prevent future lapses.
43.(c)(3)	Delegations of eye drop and skin preparation medication by client #1	7/10/2025	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor of they are different.
46.(b)(2)	Fire drill conducted by CG#4.	7/8/2025	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent future lapses.
47.(d)(1)	Get Physicians Order for use of bed side rails for client #1.	7/16/2025	Home will immediately notify CMA, or doctor to get the order for bed side rails client #1. Home will use a admission checklist.
49.(b)(3)	Ask clients and family signed the consent for the cameras place to thier room and commom areas.	7/10/2025	Home will immediately notify the family the consent for the cameras place to their room and common areas. Also notify the CMA. Home will use a admission checklist.

☒ All items that were corrected are attached to this POC

PCG's Signature: Emily P. Rivera

Date: 7/22/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN MSN ED

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

PCG's Name on CCFFH Certificate: EMILY RIVERA

(PLEASE PRINT)

CCFFH Address: 1917 HANU LANE HONOLULU HAWAII 96819

(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.(b)(1):	Fix the MAR after CMA arrange the form and rewrite the CG#1 and medication login.	7/8/2025	CG#1 will look all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA regarding the MAR and to fix the form. Rewrite the CG#1 and medication login.
54.(c)(5):	CMA fix the frequency of medicine magnesum oxide administered ordered by the Physician to M-W-F-Sunday to the MAR.	7/11/2025	CG#1 will look all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, and the doctor if they are different.
54.(c)(5)(6):	All medication record fix for client #1 and client #2 put my initials everyday.	6/23/2025	CG#1 will look all the medication administration records to ensure I will Initial before giving the medication.

☒ All items that were corrected are attached to this POC

PCG's Signature: *Emily R. Rivera*

Date: 7/22/2025

☒ CTA has reviewed all corrected items