

Foster Family Home - Deficiency Report

Provider ID: 1-140022

Home Name: Fidela L.R. Batoon, CNA

Review ID: 1-140022-19

1016 Laakea Place

Reviewer: Ryan Nakamura

Honolulu

HI

96818

Begin Date: 6/19/2025

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: 6/19/2025).

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;

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

Comment:

8.(a)(1): No evidence provided by CCFFH of sex offender registry searches for CG#1, CG#2, CG#3, and HHM#1.

8.(a)(2): No evidence provided by CCFFH of current APS/CAN clearance for CG#2. APS/CAN clearance was due by 8/16/2024.

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)(5)(C)(iv) Use of an insured vehicle;

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

Comment:

41.(a)(2): No evidence provided by CCFFH of CNA prometric registry check for CG#1.

41.(b)(7): No evidence provided by CCFFH of current TB clearances for CG#2 and CG#3. Per documents provided by CCFFH, TB clearances were due by 9/09/2023 for CG#2 and 9/07/2023 for CG#3.

41.(b)(5)(c)(iv): CG#3, listed as an alternative driver, car insurance did not meet minimum \$100,000 bodily injury damage per person.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(5) Staff: No evidence provided by CCFFH of minimum 12 hours in 12 months or 24 hours in 24 months of in-service training met for CG#3.

(3P)(b)(2) staff: No documentation provided by CCFFH of caregiver sign-in and sign-out sheet updated. Last documented entry was dated 5/19/2019. CCFFH stated that documentation was noted on an ipad and not at CCFFH at time of inspection.

Foster Family Home

Client Care and Services

[11-800-43]

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 of RN delegations for topical medication administration from client #1's case management agency for all caregivers.

43.(c)(3): No evidence of RN delegations for rectal suppository medication administration from client #3's case management agency for all caregivers.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence of monthly fire drills were conducted at CCFFH. Last documented fire drill was dated 8/10/2024.

46.(b)(2): No evidence provided by CCFFH of CG#1 conducted a fire drill in the past 12 months. No documentation provided.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No documentation noted of written consent/acknowledgement of use of cameras/monitors in common living areas signed by client #1 or client's POA.

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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)(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.(c)(2): No evidence provided by CCFFH of current service plan for client #1 and client #3. Last documented service plan provided was on 10/28/2024 and due by 4/2025 for client #1 and 10/21/2024 and due by 4/2025 for client #3.

54.(c)(5): No daily documentation noted for client #3. Last documentation of medication administration was dated 6/14/2025.

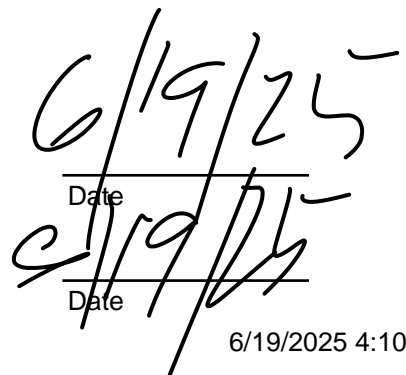
54.(c)(6): No documentation provided of RN monthly visits for client #1 and client #3. No documentation provided for months of 4/2025 for and 2/2025 for client #1 and no documentation for months of 4/2025, 3/2025, and 11/2024 for client #3.



Compliance Manager



Primary Care Giver



Date

Date

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: Fidela L.R. Batoon

(PLEASE PRINT)

CCFFH Address: 1016 LAAKEA PLACE, 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?
11-800-6.(d)(1)	Received deficiency report and reviewed all applicable requirements to ensure full compliance. All missing items in this report is being addressed.	6/25/2025	Establish and maintain a compliance binder with a checklist covering all chapter 11-800 requirement, reviewed quarterly to ensure continuous compliance.
8.(a)(1)	Completed registry check for CG #1, CG#2, CG#3, and HHM#1; results filed in personnel records.	7/01/2025	Create a compliance calendar to re-check all registry results annually and at each new hire.
8.(a)(2)	Obtained APS/CAN clearance for CG#2; clearance document filed in personnel file.	7/01/2025	Track all clearances with due dates using an electronic spreadsheet with 60-day reminders before expiration.
41.(a)(2)	Verified CNA Prometric registry status for CG#1; printed confirmation placed in personnel file.	6/20/2025	Add Prometric verification to annual personnel file audits and pre-shift compliance checks.
41.(b)(7)	Obtained current TB clearances for CG#2 and CG#3; documents filed.	6/30/2025	Maintain a master health record tracker with reminders 60 days before TB clearance expiration.
41.(b)(5) (c)(iv)	Updated CG#3's car insurance policy to meet minimum bodily injury coverage requirements; copy filed.	6/20/2025	Verify and renew all driver insurance policies annually with documented proof.
(3P)(a)(5) Staff	CG#3 completed required 12hr of in-service training; certificates filed.	6/25/2025	Annual in-service training log created with required hours and completion deadlines for each caregiver.
(3P)(b)(2) Staff	Caregiver sign-in/sign-out sheet updated and printed copies now maintained on site.	6/22/2025	Weekly checks of sign-in sheets added to administrative duties to ensure consistent documentation.

☒ All items that were corrected are attached to this POC

PCG's Signature: *fbatoon*

Date: 7/6/2025

☒ CTA has reviewed all corrected items

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: Fidela L.R. Batoon

(PLEASE PRINT)

CCFFH Address: 1016 LAAKEA PLACE, 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?
43.(c)(3)	Obtained and filed RN delegations for topical and rectal suppository medications for all caregivers from the respective CMAs.	6/25/2025	Ensure RN delegation forms are obtained for any new medications immediately and kept updated in each client record.
46.(b)(2)	Conducted and documented fire drills for June 2025; logs updated.	6/20/2025	Create a monthly fire drill calendar and assign responsible staff to conduct and document each drill.
53.(b)(9)	Obtained and filed signed consent/ acknowledgment forms for camera use from client #1's POA.	6/22/2025	Consent forms reviewed and renewed annually or upon admission of new clients.
54.(c)(2)	Updated service plans for client #1 and #3; copies filed and provided to respective CMAs.	6/30/2025	Service plan review added to quarterly compliance checklist.
54.(c)(5)	Updated and completed daily medication administration records for client #3.	6/20/2025	Assign designated CG to verify daily medication records and sign off each evening.
54.(c)(6)	Obtained and filed missing RN monthly visit notes for client #1 and #3.	6/22/2025	Add RN monthly visit documentation to monthly file audits to prevent future gaps.

☒ All items that were corrected are attached to this POC

PCG's Signature: *lbatoon*

Date: 7/6/2025

☒ CTA has reviewed all corrected items