

Foster Family Home - Deficiency Report

Provider ID: 1-090066

Home Name: Freda Pasion, CNA

Review ID: 1-090066-2

94-470 Honowai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 6/6/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/6/2025 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) Sex Offender check are not present for CG#1, #2, #3, #4 and HHM#4.

8(a)(2) APS/CAN checks were overdue for CG#1, #2, #3, #4 and HHM#4.

CG#1, CG#2, and HHM#4 APS/CAN was due on or before 4/3/2025 and was not present in the CCFFH file.

CG#3 and CG#4 APS/CAN was due on or before 5/16/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#1, #2, #3, #4 and HHM#4.

CG#1, CG#2, and HHM#4 State Name Check (eCrim) was due on or before 4/3/2025 and were not present in the CCFFH file.

CG#3 and CG#4 State Name Check (eCrim) was due on or before 5/16/2025 and were not present in the CCFFH file.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#4.

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.(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.
- 41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.a.2 CG#1 CNA license is not present in the file.
CNA Prometric registry check are not present for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, #3, #4.
CG#1 TB clearance expired, was due on/before 3/27/2025 and was not in the file.
CG#2 TB clearance expired, was due on/before 4/3/2025 and was not in the file.
CG#3 TB clearance expired, was due on/before 4/3/2025 and was not in the file.
CG#4TB clearance expired, was due on/before 4/10/2025 and was not in the file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1. It was due on/before 5/3/2025. No new. BBP/IC on file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, #4. CG#1 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.
No annual in-service training hours for CG#2, #3, and #4 for 2024 present in record. CG#2, #3, and #4 was required to have 8 hours in 2024.

41.(h) No CG approval form present for CG#2, #3, and #4.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e). CTA was refused entry to the CCFFH upon arrival by CG#3 and CG#4. CTA was granted access after 15 minutes when CG#1 and CG#2 arrived.
CG#1 stated that CG#3 and #4 does not know where the records are located.
CG#3 stated that he has no knowledge of the CCFFH business.

Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Polim, RN

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

PCG's Name on CCFFH Certificate : FREDA PASION
(PLEASE PRINT)CCFFH Address: 94-470 Honowai st. Waipahu, Hawaii, 96797
(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)	Required deficiency reports were obtained and plan of correction were made and submitted to CTA.	6/27/2025	All required deficiency reports must be submitted with plan of corrections within 30 days after date of issuance.
8 (a)(1)	Sex offenders check for SCGS and HMS were acquired and now filed.	6/16/2025	List of requirements for scgs should be in a spreadsheet which is monitored evry 15 days to avoid future lapses.
8(a)(2)	APS/CAN checks for SCGS and HMS were obtained and kept in file.	6/7/2025	PCG must maintain a columnar book for all important paperwork for each scg and hm and must be reviewed evEry 2 wEEks to determine due dates are getting close.
8 (c)	Ecrim for cg#1, 2, 3, & 4 ^{& for hm#4} were done and filed.	6/6/2025	Ecrim documents must be included in the columnar book for easy access and compliance
16 (b)(5)	Training on confidentiality and procedures of clients' privacy right for CG#1, #2, #3 & 4 and hhm#4 had been signed and kept on file.	6/7/2025	Home must be aware of any update on forms and must be complied with as need arises. List of requirements for scgs should be in a spreadsheet which is monitored evry 15 days to avoid future lapses.
41 (a)(2)	CNA license and record of Hawaii State Nurse Aide Registry Book were obtained and filed in the book.	7/9/2025	Home must maintain a phone reminder for any requirement that needed to be renewed a month prior to its due dates.
41 (b)(7)	TB clearance of CG#1, 2, 3 and 4 for 2025 were obtained and filed.	6/9/2025	Tb clearance must be entered in the spreadsheet of CG paperwork for easy access thus, lapses will be avoided.

☒ All items that were corrected are attached to this POCPCC's Signature: Frederic M. PasionDate: July 10, 2025☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate : FREDA PASION

(PLEASE PRINT)

CCFFH Address: 94-470 Honowai st. Waipahu, Hawaii, 96797

(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)	BBP/IC of CG#1 were now filed in the book.	6/23/2025	BBP and other in-service training annual requirement must be included in the spreadsheet form and must be revisited every 2 wks. to prevent being cited during home visit.
41 (c)	Lapses can not be resolved.	6/7/2025	All in-service trainings must be entered in the spreadsheet form and be monitored every 2 weeks to prevent future lapses.
41 (h)	Approval forms for CG# 1 , 2, 3 and 4 were obtained and now filed.	6/7/2025	Home binder must be reviewed every 15 days to double check every document that needs update and missing so mistakes will be avoided
50 (e)	All cgs were oriented and advised about [REDACTED] unannounced visit/s as mandated by the DOH	6/6/2025	Pcg convened with the cgs and briefed them to accommodate [REDACTED] taff for annual inspection. Cgs were also given information where to have access to the Home Binder during the inspection.
54 (a)(3)	Community resource book is now placed in the book.	6/7/2025	Home must be aware of any update or new policy for the Home to implement as soon as possible.



All items that were corrected are attached to this POC

PCC's Signature: Freda M. PasionDate: July 10, 2025

CTA has reviewed all corrected items