

# Foster Family Home - Deficiency Report

**Provider ID:** 1-559180

**Home Name:** Janet Sion, NA

4222 Likini Street

Honolulu

HI

96818

**Review ID:** 1-559180-17

**Reviewer:** Ryan Nakamura

**Begin Date:** 5/28/2025

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 within 30 days of inspection (inspection date: 5/28/2025).

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 current ecrim or criminal background checks for CG#1, CG#2, and CG#3. background check was due by 5/21/2025.

Foster Family Home	Personnel and Staffing	[11-800-41]
--------------------	------------------------	-------------

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7): Evidence of lapse of TB clearances for CG#1, CG#2, and CG#3. TB clearance was due by 3/25/2025 and completed 4/11/2025 for CG#1. TB clearance was due by 6/24/2024 and completed 3/29/2025 for CG#2. TB clearance was due 2/08/2025 and completed 4/12/2025 for CG#3.

41.(f)(1): No evidence of current TB clearance for HHM#3. TB clearance was due by 6/24/2024.

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 provided by CCFFH of RN delegations of any tasks were given by client #1's case management agency for CG#2. CTA unable to verify who was delegated based on documents provided by CCFFH. Documents had no names of caregivers who may have been delegated.

43.(c)(3): No evidence provided by CCFFH of RN delegations of nebulizer and topical medication administration for all caregivers. No documentation provided. CTA unable to verify who was delegated based on documents provided by CCFFH. Documents had no names of caregivers who may have been delegated.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fire Safety

[11-800-46]

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 provided by CCFFH of CG#2 conducted a fire drill in the past 12 months. No documentation provided.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4): Obstructed hallway that is designated fire exit and nearest to client bedrooms in evacuation map.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No documentation provided by CCFFH of current general liability insurance. Liability insurance provided expired 11/30/2024.

## Foster Family Home


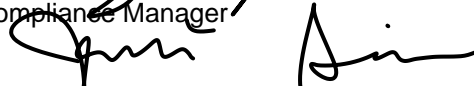
## Client Rights

[11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13): Evidence of belongings not belonging to client #2 found in client's bedroom. CTA reminded CCFFH that only belongings that are found in a client's bedroom must be the client's.

  
Compliance Manager  
  
Primary Care Giver

5/28/25  
Date  
5/28/25  
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: Janet Sion

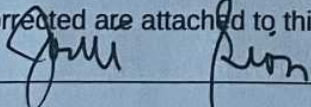
(PLEASE PRINT)

CCFFH Address: 4222 Likini Street Honolulu Hawaii 96818

(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)	2025 Criminal background checks was obtained for CG#1, CG#2, CG#3. It was placed into home record.	6/10/25	Home will use a Iphone notes to put all due dates on Criminal background checks, will be done at least two weeks before due date to prevent from expiring.
41.(b)(7)	Lapse cannot be corrected.	6/10/25	Home will use a Iphone notes to put all due dates. CG#1 will inform other caregivers two weeks before an item is due.
41.(f)(1)	2025 TB clearance was obtained for HHM#3. It was placed into home record.	6/27/25	Home will use a Iphone notes to put all due dates. CG#1 will inform house hold member two weeks prior to item expiritation.
43.(c)(3)	RN Delegation was done for all caregivers by the client CMA. It was placed into the client record.	6/18/25	Home will notify client's CMA that RN delegation need to be done within seven days of a caregiver being added to home.
46.(b)(2)	CG#2 fire drill is conducted. It was placed into the home record.	6/7/25	Home will use a Iphone notes to schedule monthly fire drills with specific caregivers assign to conduct fire drill.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/1/25

☒ 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: Janet Sion

(PLEASE PRINT)

CCFFH Address: 4222 Likini Street Honolulu Hawaii 96818

(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?
49.(a)(4)	Done clearing hallway fire exit.	6/4/25	Home will use a storage container to store items, to prevent of blocking the fire exit.
51.(a)(1)	General Liability Insurance was obtained. It was placed into home record.	5/28/25	Home will use a Iphone notes to put the due date on General Liability Insurace, will be done at least two weeks before item expiring.
53.(b)(13)	Belongings items cleared.	6/10/25	Home will use a storage container to store belongings, to prevent of placing items in client room.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 7/1/25

☒ CTA has reviewed all corrected items