

# Foster Family Home - Deficiency Report

Provider ID: 1-240054

Home Name: Jo-Anne Tuppal, RN

Review ID: 1-240054-3

99-1723 Hoapono Place

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 4/16/2025

| 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: 4/16/2025).

| 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 sex offender registry searches were conducted for CG#1, CG#2, and CG#3.

| 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 evidence provided by CCFFH of confidentiality training was completed for CG#3. No documentation provided.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(5): No evidence provided by of CCFFH's car insurance meets minimum requirements of \$100,000 bodily injury damage per person and \$30,000 property damage.

41.(g): No evidence provided by CCFFH of basic caregiver skills were checked for CG#2 and CG#3.

| 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.

Comment:

46.(a): No evidence provided by CCFFH of fire drills conducted monthly at different times of the day. No documentation provided by CCFFH of any fire drills conducted since CCFFH opened.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

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)(2): No evidence provided by CCFFH of written consent of being in a shared room by client #1 and client #2.

49.(b)(3): No evidence provided by CCFFH of written consent/acknowledgement signed by client #1 of camera/monitor in use in shared client bedroom.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence provided by CCFFH of CG#2 and CG#3 included in CCFFH's general liability insurance. No documentation provided.

## Foster Family Home

## Records

[11-800-54]


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)(5): No evidence provided by CCFFH of daily documentation of medication administration for client #2. Last documented dated of administration was dated 3/24/2025.

54.(c)(6): No evidence provided by CCFFH of daily documentation of skilled nursing flowsheet (ADLs). No documentation provided by CCFFH since client's admission.

  
Compliance Manager

See next page

Primary Care Giver

  
Date

Date

## Foster Family Home - Deficiency Report

### Foster Family Home

### Physical Environment

[11-800-49]

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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)(2): No evidence provided by CCFFH of written consent of being in a shared room by client #1 and client #2.

49.(b)(3): No evidence provided by CCFFH of written consent/acknowledgement signed by client #1 of camera/monitor in use in shared client bedroom.

### Foster Family Home

### Insurance Requirements

[11-800-51]

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#### Comment:

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### Foster Family Home

### Records

[11-800-54]

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#### Comment:

54.(c)(5): No evidence provided by CCFFH of daily documentation of medication administration for client #2. Last documented dated of administration was dated 3/24/2025.

54.(c)(6): No evidence provided by CCFFH of daily documentation of skilled nursing flowsheet (ADLs). No documentation provided by CCFFH since client's admission.

Compliance Manager

Primary Care Giver

Date

Date

## Community Care Foster Family Home (CCFFH)

## Written Plan of Correction (POC)

## Chapter 11-800

PCG's Name on CCFFH Certificate: JO-ANNE C. TUPPAL, RN

(PLEASE PRINT)

CCFFH Address: 99-1723 HOAPONO PLACE, AIEA, HI 96701

(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       | A sex offender registry search has been completed for CG#1, CG#2, and CG#3. Copy was placed into home record   | 5 / 14 / 2025                 | - Caregivers will read newsletters/updates of new compliances needed and complete them as soon as possible and/or renew them at least 1 month prior to its due.   |
| 16.b.5      | Confidentiality training was completed, signed by CG#3. Copy was placed into home record   | 6 / 1 / 2025                  | - CCFFH will keep a list of all caregivers/adult household members and provide confidentiality training and have each of them sign the acknowledgement form that training was provided right after training is done to keep accurate log of all trained employees/adult household members CCFFH will also do audits monthly to ensure all caregivers were provided and signed the caregiver confidentiality training. |
| 41.b.5      | Updated automobile insurance coverage with insurance provider, meeting the \$100,000 bodily damage per person and \$30,000 damage requirement and obtained a printed copy of coverage that was subsequently filed on CCFFH binder.   | 6 / 3 / 2025                  | - CCFFH will verify insurance coverage that meets minimum requirements of 100,000 bodily injury damage per person and \$30,000 property damage every 6 months, as it is renewed semi-annually annually and will keep reminders of these on a wall calendar.   |
| 41.g        | Basic caregiver skills were checked and verified for CG#2 and CG#3. It is then placed in the client's file.  | 6 / 1 / 2025                  | - CCFFH will use a checklist to write a list of all required documents i.e. basic caregiver skills that need to be completed by each CG for each client.  |
| 46.a        | The time for CCFFH's fire drill since CCFFH opened has already lapsed and cannot be corrected. CCFFH conducted a fire drill involving CG#1, CG#2, and CG#3. A fire drill form was filled out and filed in the CCFFH binder.  | 5 / 15 / 2025                 | - CCFFH will schedule fire drills on desktop monthly planner and document monthly fire drill done at different times of the day throughout the year.  |
| 49.b.2      | Written consent for accommodation in a shared room was obtained from Client #2. The consent was then filed in client binder.<br>Unable to obtain written consent for Client #1 due to client imminent change of condition/decline, followed by client's death. Thus, it cannot be corrected. | 4 / 20 / 2025                 | - CCFFH will obtain consent to be in a shared room upon admission of each client as appropriate.  |

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 7 / 10 / 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: JO-ANNE C. TUPPAL, RN

(PLEASE PRINT)

CCFFH Address: 99-1723 HOAPONO PLACE, AIEA, HI 96701

(PLEASE PRINT)

|        |  |               |   |
|--------|--|---------------|---|
| 49.b.3 | Unable to obtain written consent for camera/monitor in use in shared client bedroom from Client #1 due to client imminent change of condition/decline, followed by client's death. Thus, it cannot be corrected. | 4 / 20 / 2025 | CCFFH will obtain written consent as proof of agreement with the plan of care upon admission and/or prior to initiating safety measures.  |
| 51.a.1 | CCFFH general liability insurance was updated to include CG#2 and CG#3. Updated certificate of liability insurance was then filed to CCFFH Personnel binder  | 4 / 17 / 2025 | CCFFH will keep a list of all caregivers and then will verify with the insurance company that all caregivers are included in CCFFH general liability insurance every 6 months, as it is renewed semi-annually and will keep reminders of these on a wall calendar. CCFFH will then keep each caregiver's certificate of general liability insurance in the CCFFH administrative binder. |
| 54.c.5 | Documentation of daily medication administration for Client #2 between 3/25/25 and 4/16/25 has lapsed.<br><br>Medication administration record of client #2 was initialed by caregiver daily afterwards.         | 5 / 1 / 2025  | CCFFH will verify that each caregiver signed/initialed medication administration record for each client at end of each day. CCFFH will remind all caregivers to document right after each medication is administered using a calendar event reminder alarm. CCFFH will also do chart audits to verify completion of signatures in medication administration records.                    |
| 54.c.6 | Misplaced daily skilled nursing flowsheets (ADLs) were subsequently located following CTA inspection.  | 4 / 17 / 2025 | ADL flowsheets will be placed in the same centralized location right after being initialed by caregiver each day to prevent misplacement or loss of records/documentation.  |

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7 / 10 / 2025

☒ CTA has reviewed all corrected items