

Foster Family Home - Deficiency Report

Provider ID: 1-110044

Home Name: Karen Tomlins, CNA

Review ID: 1-110044-19

98-1713 Laauhuahua Way

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 2/21/2025

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 visit made for a 2 bed re-certification inspection.

CNA Prometric registry check are not present for CG#1 and CG#2.

Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

Deficiency Report issued during CCFFH inspection via email on 2/21/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 5.

APS/CAN was due on or before 9/13/2024, and is not present in the CCFFH file.

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG# 2 and CG#4. TB clearance expired 1/5/2025 and 12/22/2024, respectively.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2 and CG#3. CG#3 CPR/1st aid expires 9/16/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#2, CG#3, CG#4, and CG#5. 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,#4, and #5 for 2024 present in record.

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)- CG# 2 did not have evidence of conducting a monthly fire drill within the past 12 months.

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) - The CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy. Policy expired 12/2024. No new in file.

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 - Client bedrooms and bathrooms are supposed to allow clients to lock them from inside for privacy. There are no locks on any doors to allow clients to lock and unlock them.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Karen Gay Tomlins

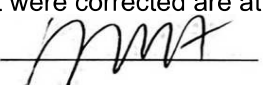
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CCFFH Address: 98-1743 Laahuahua way, Pearl City, 96782

(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)	Prometric checks were shown before he left for C#2 exemptions. His next appointment is already scheduled for June 2025 prior expiration. Caregiver #1 APS/CAN Fingerprint is appointment was made collected. Sex offender check obtained and filed.	4/7/25	I have set a reminder tab on my Main binder for reminders and to make an appointment before APS/CAN expires and annual sex offender check. I will make sure all the results are filed accordingly.
8.(a)(2)	CG#5 and CG#4 APS/CAN Fingerprint were scheduled and collected.	4/7/25	I did the same as 6(d)(1) POC. I have set a reminder tab on my Main binder for reminders and to make an appointment before APS/CAN expires. I will make sure all the results are filed accordingly and any changes for SCG when needed.
41.(b)(7)	CG#2 and C#4 TB clearances are renewed and filed.	2/22/25	I have set a reminder tab on my main binder and reminded each of my SCG's the date they must renew their TB test.
41.(b)(8)	CG#2 and CG#3 CPR/ First Aid Training are retrieved and filed.	2/21/25	I will set an appointment for ALL SCG's including me (PCG) a one-time training at home to gather all are certificates all at once and I can make sure they are filed accordingly before expiration. Reminders is set for future renewals.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/10/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Karen Gay Tomlins

(PLEASE PRINT)

CCFFH Address: 98-1743 Laahuahua way, Pearl City, HI 96782

(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.(c)	C#1, C#2, C#3, C#4, and C#5 required hours for 2024 were retrieved and filed.	2/21/25	I will set an appointment for our hours needed for everyone to make sure we are all done the same time and will file on time. Reminders are set and I also informed the SCG's that we will schedule this trainings, at least one month ahead.
46.(b)(2) 41.(b)(2)	C#2 was scheduled for this year monthly fire drill, myself and the rest of the SGC's to avoid missing one conducting the drill at least once per calendar year.	2/21/25	I have assigned each SCG's and myself their month this year of conducting the fire drill. We will do this each year to avoid missing one conducting it.
50.(e)	The dog gate we use was removed permanently. I bought my dogs their cage for outdoor.	2/21/25	I informed all SCG's to not use the dog gate on the main entrance.
51.(a)(1)	The Liability insurance was filed on 2/22/25	2/22/25	I have set two times a year renewal for my liability insurance. A reminder is posted on my main binder that I will check each month when we do the fire drill.
53.(b)(9)	The locks are changed. The clients can now lock their doors for privacy.	2/22/25	ALL locks will stay on each doors.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/10/25

☒ CTA has reviewed all corrected items