

# Foster Family Home - Deficiency Report

Provider ID: 3-625022

Home Name: Larry Quiabang, CNA

Review ID: 3-625022-18

74-5085 Kumakani Street

Reviewer: Ryan Nakamura

Kailua-Kona HI 96740

Begin Date: 7/8/2025

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 annual inspection for 3 bed CCFFH. Report issue during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/8/2025).

Foster Family Home	Client Care and Services	[11-800-43]
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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 present in client records of RN delegations for rectal suppository medication administration for client #1 and rectal suppository and topical medication administration for client #2 by clients' case management agency for CG#1, CG#2, CG#3, and CG#4.

  
\_\_\_\_\_  
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: Larry Quiabang

(PLEASE PRINT)

CCFFH Address: 74-5085 Kumakani Street Kailua-Kona, HI 96740

(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)	RN Delegation for rectal suppository medication administration for Client # 1, and rectal suppository & Topical medication administration for Client # 2 was done for CG#1,CG#2,CG#3,CG#4 by the Clients CMA. It was placed into the Client's Record.	7/19/2025	Home (PCG) to ensure that if there's New PCP medication orders that needs RN delegation to notify client's CMA on the day it was ordered that RN Delegation is needed and should be done not later than 3 days from the date of the order. If a new Caregiver is added RN Delegation should be done within 15 days.

☒ All items that were corrected are attached to this POC

PCG's Signature: Larry Quiabang

Date: 7/19/25

☒ CTA has reviewed all corrected items