

Foster Family Home - Deficiency Report

Provider ID: 1-180039

Home Name: Laura Umayam Inocencio, NA

Review ID: 1-180039-14

91-656 Kilinahe Street

Reviewer: Po Lim

Ewa Beach

HI

96706

Begin Date: 5/2/2025

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 5/2/2025 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

Comment:

8.(a)(1) Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

8(a)(2) APS/CAN checks were overdue/lapsed for HHM# 4.

APS/CAN was due on or before 5/4/2024 and was completed on 3/23/2025.

Foster Family Home Records [11-800-54]

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)(6) Client#1 ADL flowsheet was not documented daily. Sheet not completed from 4/20/2025 to 5/2/2025.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Terri Van Houten RN / Po, Lim RN

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

PCG's Name on CCFFH Certificate: Laura Inocencio Foster Care Home

(PLEASE PRINT)

CCFFH Address: 91-656 Kilinahe St., Ewa Beach, HI 96706

(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)	PCG searched through HCJDC website for each caregivers and HHMs sex offender record, printed individual reports and filed in CCFFH binder.	05/23/25 and 06/12/25	PCG/CCFFH will have a specific calendar for CCFFH caregivers' name and HHMs in which the criminal history records have the due dates and will be updated in a timely manner and filed it in home binder.
8(a)(2)	Unable to correct APS/CAN checks for HHM #4, it was overdue/lapsed.	03/27/25	PCG will put in her cellphone all the caregivers and HHMs name and necessary documents that will alarm/notify the PCG at least 2 weeks before required paperworks are due.
54(c)(6)	Documentation on client #1 ADL flowsheet was updated and efficient documentation of clients' ADL were done daily.	05/02/25 to present	PCG will leave clients binder where its accessible and visible so PCG and SCGs can consistently and efficiently document in clients' ADL flowsheet daily and initial accordingly.

☒ All items that were corrected are attached to this POC

PCG's Signature: *LI Inocencio*

Date: 07/11/2025

☒ CTA has reviewed all corrected items