

Foster Family Home - Deficiency Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-15

1714 Ema Place

Reviewer: Ryan Nakamura

Honolulu

HI

96819

Begin Date: 6/24/2025

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 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: 6/24/2025).

Foster Family Home	Fire Safety	[11-800-46]
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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 present in CCFFH record of fire drill conducted in month of 5/2025. Last fire drill conducted was dated 4/14/2025.

Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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)(2): No documentation present in CCFFH record of current service plan for client #2. Last documented review date was 10/16/2024. Service plan was due in 4/2025.

54.(c)(6): Evidence present in CCFFH record of CCFFH documentation of skilled nursing/ADL checklist of future days of the month until 6/30/2025. CTA unable to determine the validity of skilled nursing documentation.


Compliance Manager


Primary Care Giver

6/24/25
Date

6/24/25
Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

LLOVELSON SANTOS, CNA

PCG's Name on CCFFH Certificate:

(PLEASE PRINT)

CCFFH Address:

1714 EMA PLACE, HONOLULU, HAWAII 96819

(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?
46.(a)	6/24/2025 LAPSE Cannot be corrected.	6/24/2025	6/24/25 Preventive strategy of PCG and SCG such as making advance notations on calendars, binder, on mobile or other electronic devices alerts set on a monthly basis will prevent such future violation.
54.(c) (2)	6/24/2025 PCG informed CMA via email and text message in regards with the service plan. CCFFH received Service Plan Form via email. PCG, SCG and Client's POA signed 6/26/25. [REDACTED] signed 6/30/25	6/24/2025	6/24/25 informing CMA, families, PCP in advance. Making notations in calendars, setting alerts in mobile and other electronic devices will prevent this violation in happening again.
54.(c) (6)	6/24/2025 PCG and SCG discarded ADL form presenting future days of nursing documentation by using a paper shredding machine on the same date of inspection. A new blank form of ADL was ready to be use.	6/24/2025	6/24/25 as a preventive measure, PCG and SCG will prepare copies of necessary forms that the CCFFH needs. Making sure that no future documentations shall be made, and ADL will be conducted on a daily basis.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 7/3/2025

☒ CTA has reviewed all corrected items