

Foster Family Home - Deficiency Report

Provider ID: 4-589335

Home Name: Lorenza Torres, CNA

Review ID: 4-589335-21

11 Hoomoku Loop

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/28/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 6/28/25.

CCFFH is requesting to decrease to 2 beds.

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) - The CCFFH did not have evidence that a Sex Offender Registry check had been conducted for CG's #1, #2, #3, #4 and HHM #2.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(2) - The CCFFH did not have evidence of a current CNA certificate for CG#3. Certificate on file expired 10/31/24.

41.(a)(2) - The CCFFH did not have evidence of a Prometric registry check for CG's #1, #3, and #4.

41.(c) - The CCFFH did not have evidence of 12 hours of in service training completed in 2024 for CG#4.

41.(e) - The CCFFH did not have evidence that CG#4 and HHM#2 had a current state issued ID. No state issued ID was in the binder for CG#4. HHM#2's state issued ID expired 6/9/24.

41.(e) - The CCFFH did not have evidence of a current TB clearance for CG#3. TB clearance on file had expired 3/23/25.

Foster Family Home - Deficiency Report

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff - - The CCFFH did not have evidence of CG#4 had prior work experience.

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) - Medication discrepancies noted for Client #3. The medications on the physician orders, MAR and prescription bottle did not match.

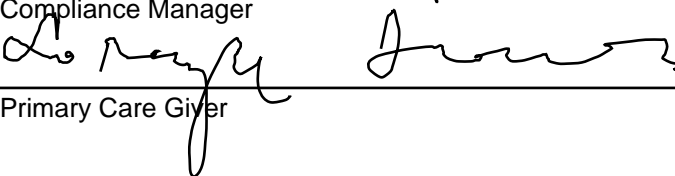
1.) Dose/Frequency discrepancy - Ferrous sulfate: Order from 3/26/25- 325 mg (65 mg iron) 1 tablet daily, MAR - 1 tablet twice daily. Supply on hand was over the counter (OTC) Slow De - dose was 45 mg (elemental) iron (equivalent to 137 mg ferrous sulfate).

2.) Does/Frequency discrepancy - Potassium Chloride ER 20 mEq - Order from 11/5/24 - 1 tablet twice daily, MAR - 20 mEq twice daily, Supply - 20 mEq 2 tablets twice daily.

54.(c)(6) - The CCFFH did not have evidence of a completed ADL flow sheet for client #1 from March 2025.



Compliance Manager



Primary Care Giver

5/28/25

Date

5/28/25

Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Lorenza Torres

(PLEASE PRINT)

CCFFH Address: 11 Hoomoku Loop, Kahului HI, 96732

(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 conducted the sex offender registry for CG 1,2,3,4 and HHM #2	06/11/25	PCG will make reminders to check on criminal history for CG's and HHM.
41. (a)(2)	PCG contacted CG #3 for current CNA certificate and have received and are in file.	6/11/25	PCG will make notes in binders when certificates are near the expiration date and contact CG for paperworks 2 weeks prior to expiration
41. (a)(2)	PCG conducted a prometric registry check for caregivers 1,3,and 4. Document filed in binder	6/12/25	PCG will have a reminder to check for new documents that are needed.
41. (c)	PCG contacted CG #4 for evidence of in service training. File was received and inputted into the binder.	6/12/25	PCG will make notes in binder for what documents are missing and contact CG in a timely manner.
41. (e)	PCG contacted HHM #2 and CG #4 for the current copy of state ID. HHM renewed the license and gave new copy.	6/12/25	PCG will utilize the strategy of checking binders when paperworks are 1 month away from being expired to ensure that all documents will be received within a timely manner.
41. (e)	CG #3 had set an appointment for TB clearance that was set after an unannounced visit. TB clearance was done and given to PCG.	6/11/25	PCG will regularly remind CG's for TB clearances to be done in a timely manner.
(3p)(A)(4) Staff	CCFFH contacted CG #4 for evidence of prior work experiences and was obtained and put into files.	6/12/25	CCFFH will make reminders and check files regularly to ensure that all paperwork is up to date and obtained.
54.(c)(5)	PCG contacted the pharmacy to update discrepancy on bottles and was completed.	6/06/25	PCG will check bottles and speak with Client to ensure that dosages is correct and if not, to contact pharmacy and

X All items that were corrected are attached to this POC

PCG's Signature: *Lorenza B. Torres*Date: *6/15/25*

X CTA has reviewed all corrected items

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Lorenza Torres

(PLEASE PRINT)

CCFFH Address: 11 Hoomoku Loop, Kahului HI, 96732

(PLEASE PRINT)

54. (c) (6)	PCG cannot fix it.	doctors to correct it CCFFH will make reminders and check files regularly to ensure that all paperwork is up to date and obtained.
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X All items that were corrected are attached to this POC

PCG's Signature:

Lorenza B. Torres

Date:

6/15/25

X CTA has reviewed all corrected items