

# Foster Family Home - Deficiency Report

Provider ID: 1-170056

Home Name: Mateo Lorenzo Lopez, NA

Review ID: 1-170056-17

91-1727 Kikoo Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 5/16/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/16/25).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- No sex offender search results present for CG#1, CG#2, CG#3, and HHM#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(1) Reside in the community care foster family home;

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(1)- No provision noted in rental agreement that CG#1 may utilize property as CCFFH.

41.(g)- No Basic Skills Checks present for CG#2 in Client #1's chart/records.

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 RN delegations present for CG#2 on Wound Care, Oral/topical Medications Administration in Client #1's chart/records. Also, no RN delegation present for CG#1, CG#2, and CG#3 on Wound Care for Client #2.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present for Client #1.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Quality Assurance

[11-800-50]

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:
- 50.(b) Adverse events shall be reported
- 50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and
- 50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a)- CG#2 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.  
50.(b), (1), (2)- No Adverse Event completed for Client #2's bilateral feet wounds.

## Foster Family Home

## Insurance Requirements

[11-800-51]

- 51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability insurance lapsed from 11/30/23-11/30/24- no document was present.

## Foster Family Home


## Records


[11-800-54]

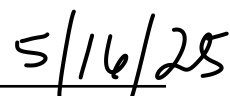
- 54.(c)(1) Client's vital information;

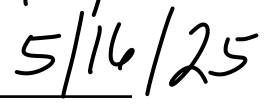
Comment:

54.(c)(1)- No Facesheet present for Client #1.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Mateo Lorenzo Lopez

(PLEASE PRINT)

CCFFH Address: 91-1727 Kikoo Street 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)	Obtained Sex Offender result for each caregiver and household member.	6/10/25	I will create a reminder in my calendar for an annual alert to pull a sex offender search for all caregivers and household member
41.(a)(1)	Obtained edited rental agreement to allow property to be used as a CCFFH	6/10/25	I will keep a copy of the edited rental agreement in my business folder so that it is readily available if needed
41.(g)	Obtained basic skills check from case management company	6/10/25	I will check RN delegations for each caregiver upon admission and new skill needed to make sure that the case management company has completed all delegations necessary for each client
43.(c)(3)	Obtained RN delegations from each case management company for each of my clients	6/10/25	I will check RN delegations for each caregiver upon admission and new skill needed to make sure that the case management company has completed all delegations necessary for each client
47.(c)	Obtained medication side effect list from the case management company	6/10/25	I will check the client's chart every month when the RN does their visit to ensure that all medication paperwork is up to date

☐ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 06/13/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Mateo Lorenzo Lopez

(PLEASE PRINT)

CCFFH Address: 91-1727 Kikoo Street 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?
50.(a)	Trained CG #2 and CG #3 on my CCFFH's emergency preparedness plan	6/10/25	I will train all caregivers in all of my policies when I hire them and obtain proper documentation of training in my business files
50. (b) (1)(2)	Completed adverse event for client #2	5/16/25	Within 24 hours of any client's incident, I will complete an adverse event report and send it to the assigned case management company
51.(a)(1)	Obtained general liability insurance from the insurance provider	6/10/25	I will mark my calendar 2 weeks before the due date of my insurance policy to ensure that I get the renewed policy before the date lapses
54.(c)(1)	Obtained face sheet for client #1	6/10/25	I will check the chart upon admission of any client to ensure that it completed and has all required documentation

☐ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 6/13/25

☒ CTA has reviewed all corrected items