

Foster Family Home - Deficiency Report

Provider ID: 1-588931

Home Name: Nancy Daproza, CNA

Review ID: 1-588931-17

1326 Hooli Circle

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 4/8/2025

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 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: 4/08/2025).

6.(d)(1): No evidence provided by CCFFH of current 1147 assessment for client #1. No documentation provided.

6.(d)(1): No evidence provided by CCFFH of CNA registry check for CG#1. No documentation provided.

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 evidence provided by CCFFH of sex offender registry searches were conducted for CG#1 and CG#2. No documentation provided.

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

Comment:

41.(c): No evidence provided by CCFFH of CG#1 completed minimum 12 hours of in-service training and CG#2 completed minimum 8 hours of in-service training in 2024.

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 provided by CCFFH of RN delegations were given by client #2's case management agency to CG#2. No documentation provided.

Foster Family Home - Deficiency Report

Foster Family Home

Client Account

[11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a): No evidence provided by CCFFH of financial agreement for client #1. CTA unable to determine who is responsible for client #1's finances.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources. CG#1 stated to CTA that there is no current income due to partial payments from client #1 and no payments from client #2. CG#1 also stated that rent had not been paid for the past 5 months. CTA requires CCFFH to provide evidence of income to remain open as CFFH.

Foster Family Home

Records

[11-800-54]

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:

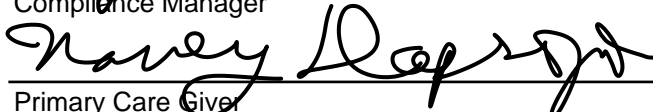
54.(c)(2): No evidence provided by CCFFH of current service plan for client #1. Service plan was due by 12/2024.

54.(c)(6): No evidence provided by CCFFH of clients' case management agency monthly visits were conducted on 12/2024, 11/2024, 10/2024, and 7/2024 for client #1 and 01/2025 for client #2.

54.(c)(6): No evidence of documentation provided by CCFFH of progress notes of any events that may impact the life, health, safety, or welfare of the client since 6/28/2024.



Compliance Manager



Primary Care Giver

4/8/25
Date
4/8/25
Date

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: NANCY DAPROZA

(PLEASE PRINT)

CCFFH Address: 1326 Hooli Circle Pearl City HI 96782

(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?
6.(d)(1)	Copy of updated approved DHS 1147 requested from my clients Case Management Agency CG#1 CNA Registry, obtained.	5-23-2025	Home will use a wall calendar tracking of all requirements to know any missing documents. Close to expiration, I will contact my CMA to get a copy. 1147 will be file in client's chart according to table of contents.
8.(a)(1)	Made appointments for APS, CAN, Fingerprints for CG#1, CG#2 CG#1, CG#2 Sex Offender registry searched	5-28-2025	Home will use a wall calendar tracking expiration dates. Also, I will be checking my chart periodically so that I can schedule or get it up to date two weeks prior to expiration dates Sex offender registry will be check annually and also added to calendar wall.
41.(c)	Lapse cannot be corrected for this deficiency.	5-28-2025	Home will use a wall calendar tracking expiration dates of CGs/SCGs training in-service. Remind a month and two weeks prior to expiration to myself and SCG(s) attend required in-service hours.

☒ All items that were corrected are attached to this POC

PCG's Signature: Nancy Daproza

Date: 7/7/25

☒ CTA has reviewed all corrected items

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CTA RN Compliance Manager: Ryan Nakamura RN

Community Care Foster Family Home (CCFFH)
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CCFFH Address: 1326 Hooli Circle Pearl City HI 96782

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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)	Contacted case management agency regarding CL#2 RN Delegations. RN delegation was done. It was placed into the client record.	5-23-2025	Home will notify client's CMA that RN Delegation needs to be done. In the future new admit client's I will work with client's CMA making sure CG/SCGs will be delegated according to CMA's policy. Current CMA is annually, a reminder is noted to my wall calendar to coordinate with RN CMA and SCG(s).
48.(a)	CL#1 Handles her own finances. Client account record form obtained - noted CCFFH do not maintain client's funds. Form placed into the client's record	5-23-2025	In the future, I will make sure to that I have form stating who handles or maintains client's funds. This form will be place in the client's record.
52(a)(b)(c)	Home budget records updated. I reached out to client's case management agency to ask help on payment situation. Case Management assisted and payments received, update my record and placed in home record.	5-23-2025	In the future, I will make sure to work with client's case management agency regarding any financial situation. Also, home budget records will be maintain. Home will have enough resources to finances services to my clients and maintain home's services. I understands the rules now.

☒ All items that were corrected are attached to this POC

PCG's Signature: Nancy Daproza

Date: 7/7/25

☒ CTA has reviewed all corrected items

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CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: NANCY DAPROZA

(PLEASE PRINT)

CCFFH Address: 1326 Hooli Circle Pearl City HI 96782

(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?
54.(c)(2) 54.(c)(6)	CL#1 Service Plan, CL#1 RN Monthly visits July, Oct, Nov, Dec 2024 CL#2 Jan 2025 requested from case management agency, filed to client's records. Home progress notes is updated and will		Home will maintain updated client's records by checking "will be expiring records" and note it to wall calendar. Home will file case management agency monthly documents right away to client's records. Home will maintain documentation according to services and care done to clients. Now, I truly understand the rules.

☒ All items that were corrected are attached to this POC

PCG's Signature: Nancy Daproza

Date: 7/7/25

☒ CTA has reviewed all corrected items

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