

# Foster Family Home - Deficiency Report

Provider ID: 4-594631

Home Name: Pasiana Spellicy, CNA

Review ID: 4-594631-21

182 South Papa Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/12/2025

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/12/2025.

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - Lapse in APS/CAN for CG#3. Results on file expired 5/22/25.

## 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)(5) Medication schedule checklist;

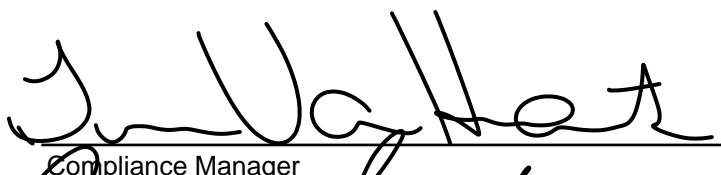
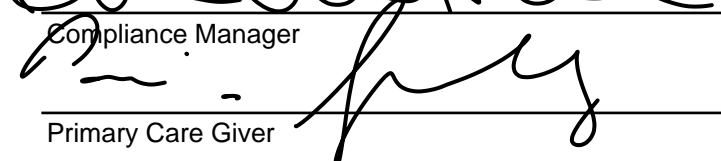
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

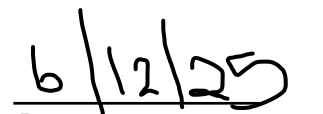
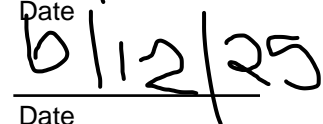
Comment:

54.(c)(2) - The service plan for the client does not adequately address the level of care needs of client #1. During the inspection, the client was observed completing a math puzzle and ambulating with a rolling walker to the bathroom on their own. Client #1 was alert and oriented x three and was able to communicate their needs clearly to CG#1. Client's service plan did not include use of a walker for ambulation. The SP indicated that the client should use a wheelchair, the wheelchair should be locked at all times. CG#1 reported that the client does not have a wheelchair. SP stated that client #1 was forgetful, misuses objects, and was unable to wash body parts. Per CG#1, client #1 is able to shower themselves and CG#1 stands outside of the shower curtain.

54.(c)(5) - The MAR for client #1 did not show evidence of daily documentation. The last date that medications were documented as given was on 6/9/25. Client #1 was placed at the CCFFH for respite care on 6/7/25.

54.(c)(6) - The ADL flowsheet for client #1 did not show evidence of daily documentation since admission to the CCFFH on 6/7/25.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date

CTA RN Compliance Manager:

Terni Van Houten

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

PCG's Name on CCFFH Certificate: PASIANA M SPELLICY

(PLEASE PRINT)

CCFFH Address: 182 SOUTH PAPA AVENUE, KAHULUI, HAWAII, 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?
54.(c)(2)	Lapse cannot be corrected.	6/12/25 Notified today.	I will notify the RN Case Manager regarding the Client's Service Plan to be discussed with the caregiver and need to be updated of the level care needs of client.
54.(c)(5)	Lapse cannot be corrected	6/12/25	I will put the MAR/Medication Schedule Checklist on the table beside the client's Meds and record immediately right after giving each medication to prevent from forgetting.
54.(c)(6)	Lapse cannot be corrected	6/12/25	I will write down or document the daily provision of services 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 to avoid lapses.
8.(a)92)	Lapse cannot be corrected	6/12/25 scheduled today 6/20/25	I will use a home calendar to put all due dates on Background checks and will be done at least 4 weeks before due dates to prevent future lapses.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Pasiana m. Spellicy

Date: 6/12/25

☒ CTA has reviewed all corrected items