

Foster Family Home - Deficiency Report

Provider ID: 1-190042

Home Name: Roma Robles, CNA

Review ID: 1-190042-12

94-208 Waipahu Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/18/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/18/2025).

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence provided by CCFFH of CCFFH's confidentiality/privacy training completed for CG#4 and HHM#3.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(4): No documentation provided by CCFFH of completed substitute caregiver disclosure form for CG#4.

41.(b)(7): No evidence provided by CCFFH of current TB clearance for CG#2. TB clearance was due by 11/11/2024.

41.(f)(1): No evidence provided by CCFFH of current TB clearance for HHM#3.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: Evidence provided by CCFFH of CG#4 worked more than 5 hours in 24 hours time period per documentation of caregiver sign-in and sign-out. CG#4 is only a nurse aide.

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Foster Family Home

Client Care and Services

[11-800-43]

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 for eye medication administration.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(2) Fire: No evidence provided by CCFFH of fire drills were conducted monthly. No documentation provided by CCFFH of fire drills conducted in 6/2024, 8/2024, and 2/2025.

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No documentation written consent/acknowledgement signed by client #2 and client #3 or their responsible parties of use of camera/monitor in common living area.

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:


Comment:

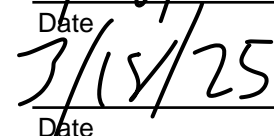
50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#3 and CG#4.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Mr. Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Roma M Robles

(PLEASE PRINT)

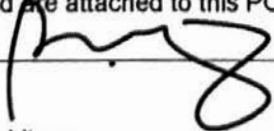
CCFFH Address: 94-208 Waipahu Street. Waipahu HI 96797

(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?
16.(b)(5)	HMM#3 SIGNED AND DATED, confidentiality and policies procedure and private client rights.	March 19, 2025	Pcg must have a lists of documents or forms on phone (note) or at sticky notes to visible reference when needed for new HMM to signs and will sure habit of double checking docs and forms before filling in the binder for more accurate and no lacking.
41.(b)(4)	Cg#4 SIGNED AND DATED. CG, completed disclosure form while [REDACTED] compliance Officer [REDACTED] still on the site.	March 18, 2025	PCG will do a calendar, notes, on all visible working area or office table even put a sticky notes on binder (Cover) to make sure forms and docs of substitute and primary caregivers are completed and must double check/ run through to all list to avoid lapses or miss completion.
41.(b)(7)	Cg#2 TB clearance was up to date and no lapses, was on the binder when [REDACTED] Officer came to do recertification. (Will send picture for reference).	March 18, 2025	PCG will do a calendar, notes, on all visible working area or office table even put a sticky notes on binder (Cover) to make sure forms and docs of substitute and primary caregivers are completed and must double check/ run through to all list to avoid lapses or miss completion.
41.(f)(1)	HMM#3 TB CLEARANCE was perform on the year was move in to the house. Pcg filed in the binder.	July 10, 2024	Will make sure every docs or forms that signed and dated, will be file in the binder. Will make a multiple copies so when document or forms need for different purpose, the original copy will remain in the binder.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 4/12/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Mr. Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Roma M Robles

(PLEASE PRINT)

CCFFH Address: 94-208 Waipahu Street. Waipahu HI 96797

(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?
(3P)(b)(2)	PCG corrected the sign in/sign out to cg#4. Pcg and Cg#4 initialed.	3/22/2025	Will remind self(Pcg) to separate any personal hours when the caregiver done with clients or patients. Will do remark on cg that can only worked not more than 5hours per period. Pcg and nurse aid will mandate to be mindful not to go over on said time/hour per period. Alarm or text messages will be required for better communication.
43.(c)(3)	Informed CMA'S RN about delegation for client#2,eye medication administration.	3/31/2025	Pcg and CMA'S RN, will make a list of delegations per client so when RN,PCG and CGs signed will no lapses or lacking. Will do a habit of double check all necessary information that may need to sign before Pcg and Cg's perform a task to client/patient.
(3P)(b)(1)	6/2024 conducted by cg#1 and 8/2024 conducted by Pcg and was found in the printer machine table. Lapsed 2/2025	Lapsed 2/2025	Sticky notes on wall,fridge,bulletin will be mandatory. Personal reminder 3weeks pass from last fire drill on phone,it will be helpful to prevent lapses.
49.(b)(3)	Pcg was not aware common area or living room which camera is installed were be needed a consent per clients or clients family/poa.	3/18/2025	Pcg will have patients or patients poa written consent when installing camera even on living room/area. Sign and date must on the consent.

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PCG's Signature: _____

Date: 4/12/2025

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CTA RN Compliance Manager: Mr. Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Roma M Robles

(PLEASE PRINT)

CCFFH Address: 94-208 Waipahu street. Waipahu HI 96797

(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)	CG#3 and CG#4 signed and dated Emergency management policy.	3/18/2025	Reminder notes will mandatory sticks on binder, computer to prevent mis signs. Will do a habit of checking all docs or forms before file and keep in the binder.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 4/12/2025

☒ CTA has reviewed all corrected items