

Foster Family Home - Deficiency Report

Provider ID: 4-120064

Home Name: Roman Queja, CNA

Review ID: 4-120064-19

58 East Kauai Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/18/2025

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 7/18/2025.

6.(d)(1) - The CCFFH did not have copies of current 1147 for client #1 and client #3. Client #1's 1147 expired 3/1/25 and client #3's 1147 expired 12/1/24.

Foster Family Home	Information Confidentiality	[11-800-16]
--------------------	-----------------------------	-------------

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) - The CCFFH did not have evidence that the confidentiality policy had been provided to and signed by client #1/client representative.

Foster Family Home	Grievance	[11-800-45]
--------------------	-----------	-------------

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45., 45.(1), 45.(2), 45(3) - The CCFFH did not have evidence that the grievance policy had been provided to and signed by client #1/client representative.

Foster Family Home	Physical Environment	[11-800-49]
--------------------	----------------------	-------------

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- The dining room table area was cluttered allowing only one client to eat their meal at the table at a time. Noted a small lamp, lap top computer, jar of candy, folder, pad of paper, mail items, and miscellaneous items on the table.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - - The CCFFH did not have evidence that the client rights policy had been provided to and signed by client #1/client representative.

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;

Comment:



54.(c)(2) - The service plan for client #1, #2, and #3 did not align with the PCP orders and care provided for each client.

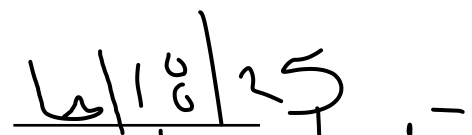
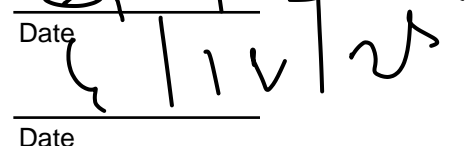
Client #1 - Order present for thickened liquids-nectar thick and the CGs had received RN delegations for preparation of nectar thick liquids. A PCP instruction was present to crush medications with pureed food. The SP included risk for aspiration, but did not include the instruction to provide nectar thick liquids. The SP indicated VS were to be taken daily. VS were not being assessed daily.

Client #2 - There was a PCP order and RN delegations for daily blood sugar checks and the order was present on the MAR. The SP did not include instructions for daily blood sugar check or management of hyper or hypoglycemia. The SP indicated VS were to be taken daily. VS were not being assessed daily.

Client #3 - The SP indicated VS were to be taken daily. VS were not being assessed daily. A PCP note indicated the client was on a minced/chopped diet. The SP indicated the client was on a regular diet.

54.(c)(5) - Medication discrepancies noted for client #2. PCP order and MAR included an order for albuterol inhaler every 6 hours as needed. The inhaler include a pharmacy sticker with directions to administer the inhaler every 4 hours as needed. PCP order and MAR indicated Metformin 1000 mg, half tablet (500 mg), by mouth twice daily. Metformin bottle indicated 1000 mg by mouth twice daily.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Terri Van Houten

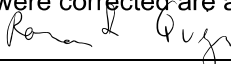
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Roman Queja

CCFFH Address: 58 E Kauai Street Kahului Maui 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?
6.(d)(1)	1147 for client #1 and client #3 had been obtained from their own perspective binders.	6/20/25	1147 for client #1 and client #3 was found on the back of their binders. CCFFH will make sure to place all documents on their perspective tabs as soon as they are handed over to CCFFH to avoid confusions. A copy of the 1147 had been attached seperately to this email.
16.(b)(3)	Client #1 representative's signature on confidentiality policy had been obtained and was placed on client #1 binder. Also, client #1 representative's was given a copy of the policy.	6/30/25	CCFFH will make sure to go over all the documents during the admission using a checklist to prevent missing important details on any of the documents before placing them to binders. A copy of the document had been attached seperately to this email.
45., 45(1), 45.(2), 45.(3)	A copy of grievance policy had been provided to client #1 representative.	6/30/25	CCFFH will make sure to go over all the documents during the admission using a checklist to prevent missing important details most especially on signatures to any of the documents before placing them into thier own binders. A copy of the document had been attached seperately to this email.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/13/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Roman Queja

(PLEASE PRINT)

CCFFH Address: 58 E Kauai Street Kahului Maui 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?
49.(c)(3)	Dining room table are had been decluttered.	6/19/25	CCFFH will make sure dining room table are always clean and clutter free to prevent accidents and for the clients to have easy access for meals and hang outs. A picture had been attached seperately to this email.
53.(a)	Client #1 representative's obtained a copy of client rights policy	6/30/25	CCFFH will make sure to go over all the documents during the admission using a checklist to prevent missing important details on any of the documents before placing them to binders.A copy of the document had been attached seperately to this email.
54.(c)(2)	Client #1 instruction to provide nectar thick liquids was on the SP hand written. Client #1 VS cannot be corrected	7/4/25	Visiting RN came for monthly visit on 7/4/25 and help me find the missing information on the binder. The instruction was on the binder handwritten. CCFFH will make sure to go over the SP with visiting RN to prevent misunderstanding and misplaced of documents. A copy of the document had been attached seperately to this email.

☒ All items that were corrected are attached to this POC

PCG's Signature: Roman Queja

Date: 7/13/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Roman Queja

(PLEASE PRINT)

CCFFH Address: 58 E Kauai Street Kahului Maui 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?
	Client #1 VS cannot be corrected	6/18/25	CCFFH started placing the VS paper page by patients side table so that CCFFH will always remember to take VS daily.
	Client #2 Instruction for daily blood sugar check or management of hyper or hypoglycemia has been included on the SP.	7/4/25	CCFFH informed Visiting RN and she came to visit on 7/4/25 to update SP. CCFFH will make sure to go over SP with visiting RN every after visit for further questions and to avoid missing important information about the clients. A copy of the document has been attached on a seperate email.
	Client #2 VS lapsed cannot be corrected.	6/18/25	CCFFH started placing the VS paper page by patients side table so that CCFFH will always remember to take VS daily.
	Client #3 VS lapsed cannot be corrected	6/18/25	CCFFH started placing the VS paper page by patients side table so that CCFFH will always remember to take VS daily.
	Client #3 Regular diet has been obtained from PCP.	7/2/25	Diet order will be added to a checklist for new admission orders needed. A copy of the document has been attached on a seperate email.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/13/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Roman Queja
(PLEASE PRINT)

CCFFH Address: 58 E Kauai Street Kahului Maui 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)(5)	Corrected prescription from PCP has been obtained.	7/2/25	<p>PCP ordered a new prescription to correct the old prescription on albuterol to use 2 puffs by mouth every 4 hour PRN. CCFFH will make sure to look at the paper prescription and the bottle prescription closely to avoid discrepancies.</p> <p>PCP ordered a new prescription to correct the old prescription on Metformin to use 1 tab by mouth AM and PM for 500mg each. Total of 1000mg daily. CCFFH has been following paper prescription from PCP and been cutting the 1000mg to make it a 500mg (2x daily) total of 1000mg. CCFFH will make sure to look at the paper prescription and the bottle prescription closely to avoid discrepancies. A copy of the new prescription and picture of the medications has been attached to a seperate email.</p>

☒ All items that were corrected are attached to this POC

PCG's Signature: Roman Queja

Date: 07/13/25

☒ CTA has reviewed all corrected items