

Foster Family Home - Deficiency Report

Provider ID: 5-190064

Home Name: Shla C. Perpose, CNA

Review ID: 5-190064-13

3593 Uwao Street

Reviewer: Po Lim

Hanapepe

HI

96716

Begin Date: 7/2/2025

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 visit made for a 3 bed re-certification inspection.

Client #3 has an expired form 1147 on 7/1/2024.

Deficiency Report issued during CCFFH inspection via email on 7/2/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home

Records

[11-800-54]

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)(6) Client #1 did not have evidence of RN monthly visit notes for 05/2025.

Compliance Manager

Primary Care Giver

Date

Date

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

CHAPTER 11-800

PCG's Name on CCFFH Certificate: SHLA PERPOSE, CNA

CCFFH Address: 3593 UWAO ST, HANAPEPE, HI 96716

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)	Case manager will visit and update expired form for client #3.	7/10/25	PCG will keep track of form expirations on the yearly calendar to serve as a reminder to update form prior to expiration date.
54(c)(6)	RN forwarded monthly visit notes to PCG via email	7/10/25	PCG will keep a log of printed monthly visit notes from RN

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7.10.2025

☒ CTA has reviewed all corrected items