

Foster Family Home - Deficiency Report

Provider ID: 1-240066

Home Name: Arlan Repuya, NA

Review ID: 1-240066-4

3835 Liniki Street

Reviewer: Maribel Nakamine

Honolulu

HI

96818

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 2-bed recertification inspection.

Deficiency Report emailed/issued to PCG/CCFFH with plan of correction due to CTA within 30 days (issued on 7/8/25).

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill completed for June 2025.

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)- CG#2, CG#3, and CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

Comment:

54.(b)- Client #1's progress notes without signatures of caregiver/s after each dated entry from 6/8/25- 6/27/25.

Maribel Nakamine, Rev 7/8/25
Compliance Manager
Primary Care Giver
Date 7/8/25
Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Arlan Repuya

(PLEASE PRINT)

CCFFH Address: 3835 Likini St. Honolulu, HI, 96818

(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?
46.(a)	Correction cannot be corrected	07/03/25	Home will set reminders beginning of each month for a reminder that fire drill must be done every month.
50.(a)	CG #2,#3,#4 was trained/ signed for the ccffh's emergency preparedness plan on 07/15/25	07/15/25	PCG will make sure all SCG's are trained/delegate for any training needed for CCFFH or patients care. PCG will make notes as a reminder that new patients must be delegate upon clients admission and that every changes on exisiting patient/ new rules on ccffh must be delegate on scg's and hhm.
54.(b)	PCG signed all progress notes entry dated from 06/08/25-06/27/25.	07/10/25	PCG will double check each progress notes to make sure all notes are signed. PCG will also make sure to remember that all progress notes or any notes done needs to be signed in the future.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/31/2025

☒ CTA has reviewed all corrected items