#### Foster Family Home - Deficiency Report

Provider ID: 6-180059

Home Name: Arsenia Masiglat, NA Review ID: 6-180059-15

425 Kikipua Street Reviewer: Po Lim

Kaunakakai HI 96748 Begin Date: 7/31/2025

<b>Foster Family</b>	/ Home R	equired 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/31/20925 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family H	ome Background Checks	[11-800-8]
8.(a)(1)	Be subject to criminal history record checks in accordance w	vith section 846-2.7, HRS;
Comment:		

8.(a)(1) Sex Offender check are not present for CG#1, #2, #3, #4.

Foster Fami	ly Home Personnel and Staffing	[11-800-41]
41.(a)(2)	Be a NA, an LPN, or RN;	
41.(b)(4)	Cooperate with the department to complete a ps accordance with section 11-800-7.(b)(2).	ychosocial assessment of the caregiving family system in
41.(b)(7)	Have a current tuberculosis clearance that meets	department guidelines; and
41.(g)	and specific skill areas needed to perform tasks	ssessed by the department for competency in basic caregiver skills necessary to carrying out each client's service plan. The if all caregivers shall be kept in the client's, case manager's, and ce plan.

#### Comment:

- 41(a)(2) CNA Prometric registry check are not present for CG#2.
- 41.b.4. No disclosure form present for CG#4.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. Expired on 2/14/2025 and recorded on wrong standard form.
- 41.g. No basic skills check present in record for CG#2.

#### Foster Family Home - Deficiency Report

# 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 RN delegation present for Client #1 for CG#2.

Foster Family	Home Insurance Requirements	[11-800-51]
51.(a)(2)	Automobile; and	
Comment:		

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy for property damages of 30K or more.

Compliance Manager

Primary Care Giver

Date

Date

7/31/2025 12:37:04 PM

# TERRY VAN HOUTEN

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

PCG's Name on CCFFH Certificate: ARSEN/A MASIGLAT

CCFFH Address: 425 KIKIPUA STREET KAUNAKAKAI HI 96748

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?
(D)(D)	# 1 # 2 # 3 # 4 Was obtained and placed it in CCFFA Binder		Home Will I use a wall clave dates on all clave dates on back ground check will be done at least 3 Weeks before it expired to prevent future Capsus.
	CNA Prometric registry check was obtained and put it in CCFFH Binder IG # 2	8/24/25	I will set up holification and important a when the Item is due I month prior to the expiration

All items that were corrected are attached to this POC PCG's Signature:

Date: 9-2-25

X CTA has reviewed all corrected items

## TERRI VAN HOUTEN

#### Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:	ARSENIA	MASIGLAT

AUNAKAKAI HI 96748 425 KIKIPUA

		(PEROE 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?		
41(b)4	Disclosure form have signed and placelit in COFF Binder CG# 4	8/15/25	Home will I use wall calendar to put all fee du dates. PC & will rumind SCG's I month prior to the expiration.		
41(b)(7)	Current TB Clearance was obtained and placed it in the CCATH Binder CG# 2	8/26/25	Home will i use wall colondar on to identify when the requirements are due to prevent from expirity PCG will inform SCG'S when the items is due 3 weeks prior to the expiration		

	All items that	were corrected are attached t	to this POC
PCG's	Signature:	were corrected are attached to	

Date: 9-2-25

# TERRI VAN HOUTEN

#### Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: ARSENIA

NAKAKAI HI 96748 CCFFH Address: 425 KIKIPUA

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?
41.9.	Skills check was done and obtained PCG put it in CCFFH Binder CG# 2	\$\\\ 2\\ 2\\ 2\\ \\ \\ \\ \\ \\ \\ \\ \\	peq will set up a notification and inform CGH 2 who the item is due to prevent from expiring and also remind SCG's a 1 month prior to the expiration
4 <b>%</b> c)(3	done for Chint #  1 By and was  placed in The COFFA  Binder  CG# 2	,	that the RN Clelegation must be complete as soon as possible ( 2 to 3 days ) before Care giver being adoled to the Home

All items that were corrected are attached to this POC PCG's Signature:

Date: 9-2-25

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:	ARSENIA	MASIGLAT
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CCFFH Address: 425 KIKIPUA STREET KAUNAKAKAI HI 96748

(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?
51.(a)(2)	Carrent Quefomobile policy has been - up dated and place if in the CCFFh Binder CG# 1	8/7/25	PCG will review the CCFFH Cento Insurance policy every manth to ensure that the Coverage remain currin and meet all state and Regulatory requirements.

	All items that	were corrected are	attached to	this POC
PCG's	Signature:	were corrected are	Masi	gat
				)

Date: 9-2-25