

Foster Family Home - Deficiency Report

Provider ID: 1-200040

Home Name: Colleen Reid, CNA

Review ID: 1-200040-11

5358 Edgewater Drive

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/23/2025

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: 7/23/2025).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence present in CCFFH records of current sex offender registry search for CG#7.

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 present in CCFFH records of confidentiality training was completed for CG#4, CG#5, and CG#7.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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).

Comment:

41.(a)(2): No evidence present in CCFFH record of CNA prometric registry check for CG#1, CG#5, and CG#7.

41.(b)(4): No evidence present in CCFFH record of substitute caregiver disclosure form completed by CG#4, CG#5, and CG#7.

Foster Family Home	Client Care and Services	[11-800-43]
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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 documentation present in client records of RN delegations by client #1's case management agency for blood sugar monitoring, oral, and subcutaneous medication administration for medication administration for CG#4 and CG#5 and topical medication administration by client #2's case management agency for CG#1, CG#4, CG#5, and CG#7.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(b)(2): No documentation present in client records of written consent by client/POA of living in a shared bedroom for client #2 and client #3.

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#4, CG#5, and CG#7.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy noted between medication administration documentation compared to medication order for client #3. Vitamin D3 order stated 1 tablet by mouth weekly but CCFFH documented daily administration for medication.

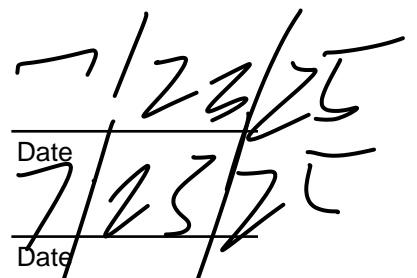
Mirtazapine 30 mg 1 tablet by mouth at bedtime order not listed in client #1's current medication administration record (MAR).



Compliance Manager



Primary Care Giver



Date

Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Colleen Reid

(PLEASE PRINT)

CCFFH Address: 5358 Edgewater Drive, Ewa Beach, HI 96706

(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?
8.a.1	PCG conducted sex offender register search on the appropriate website for CG#7 and placed the records in the binder.	7/24/25	PCG to set up standard operating procedures for conducting criminal history checks before admitting new SCG into care home.
16.b.5	PCG requested for CG#4, CG#5 & CG#7 to come to care home and conducted training related to clients confidentiality and privacy rights and document training records in binder.	7/26/25	PCG to create check list for admitting/training new SCG into care home and review new SCG documents/training requirements against the check list at admission to ensure compliance.
41.a.2	PCG conducted CNA prometric registry check for CG#1, CG#5 & CG#7.	7/25/25	PCG to follow up with [REDACTED] and confirm that PCG email is updated on [REDACTED] mailing list and keep informed with changing and updated policies issued via [REDACTED] news letters. Prometrics check to be routinely done annually on all care givers certifications.
41.b.4	PCG requested for CG#4, CG#5 & CG#7 to come to care home and conducted training, review disclosure form with caregivers and document forms into binder.	7/26/25	PCG to create check list for admitting/training new SCG into care home and review new SCG documents against the check list at admission.
43.c.3	RN Delegation was done for Client #1 by CMA to CG#4 & CG#5. RN Delegation was done for client #2 by CMA for CG#1, CG#4, CG#5 & CG#7. It was placed in clients record.	8/1/25	PCG will notify Client's CMA that RN delegation needs to be done within 2 days of a client being added to the CCFFH.

☒ All items that were corrected are attached to this POC

PCG's Signature: Colleen Reid

Digitally signed by Colleen Reid
Date: 2025.08.06 09:20:59 -10'00'

Date: 08/06/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Colleen Reid

(PLEASE PRINT)

CCFFH Address: 5358 Edgewater Drive, Ewa Beach, HI 96706

(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.b.2	PCG requested for client's representative /POA for clients #2 & #3 to review the clients admissions documents pertaining to Confidentiality & privacy. POA's review and consented to shared facility for Clients. The documents were placed in clients records.	7/25/25	PCG to always review admissions documentation with client/POA and CMA upon admissions to confirm that all the requisite admissions documents are reviewed and consented to.
50.a	PCG requested for CG#4, CG#5 & CG#7 to come to care home and reviewed the Emergency management Procedures with them and after completion the SCG's signed off the signature sheet.	7/26/25	PCG to set up procedures to routinely conduct all training per [REDACTED]/CCFFH operating procedures upon admission of a new SCG in the care home.
54.c.5	Medications discrepancy was corrected by client's CMA, MD and PCG on client's Medication Administration Record.	8/1/2025	PCG/Home to always review Medication Administration records and bottles to ensure they both match before administering medications to clients. If there are differences the PCG/Home will immediately notify CMA, pharmacy and doctor.

☒ All items that were corrected are attached to this POC

PCG's Signature: Colleen Reid

Digitally signed by Colleen Reid
Date: 2025.08.06 09:22:05 -10'00'

Date: 08/06/2025

☒ CTA has reviewed all corrected items