

Foster Family Home - Deficiency Report

Provider ID: 1-240083

Home Name: Crystal Nelson, RN

Review ID: 1-240083-3

94-548 Farrington Hwy

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 7/17/2025

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 issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/17/25).

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

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 confidentiality policies and procedures and client privacy rights training present for CG#2.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:



46.(b)(2)- CG#2 and CG#6 without evidence of having conducted a monthly fire drill for the CCFFH.

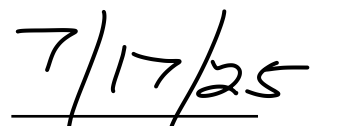
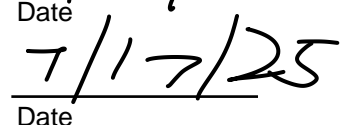
Foster Family Home	Quality Assurance	[11-800-50]
--------------------	-------------------	-------------

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 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.


Compliance Manager

Primary Care Giver


Date

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: Crystal Nelson

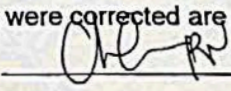
(PLEASE PRINT)

CCFFH Address: 94-548 Farrington Hwy Waipahu HI 96797

(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?
16(b)(5)	Conducted training to CG#2 about confidentiality policies and procedures and client privacy rights training. Placed the signed form in CCFFH binder.	07/21/2025	To provide immediate training for all SCGs and have form sign and file in binder. Review CCFFH binder monthly for any update.
46(b)(2)	Conducted monthly fire drill immediately with CG#6 for the month of July. Scheduled CG#2 on the first day of the following month, August to conduct fire drill. Up-to-date monthly fire drill form filed in CCFFH's binder.	07/17/2025	Have all SCGs conduct monthly fire drill for the CCFFH, sign form and file in binder. Review CCFFH binder monthly to make sure it's in compliance.
50(a)	Provided training to CG#2 with the CCFFH's Emergency Preparedness Plan. I have filled the form with CG#2 signature, in my CCFFH binder.	07/21/2025	Immediately train all SCGs with CCFFH's Emergency Preparedness Plan. Do monthly review of CCFFH binder to ensure it's up to date.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/30/2025

☒ CTA has reviewed all corrected items