

Foster Family Home - Deficiency Report

Provider ID: 1-511487

Home Name: Evangeline Sunajo, CNA

Review ID: 1-511487-17

94-239 Pupukui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/15/2025

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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/15/25).

6.d.1- No ll47 present for Client #3 in chart/records.

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 confidentiality policies and procedures and client privacy rights training for HHM#2 (living behind the door at end of CCFFH hallway).

Foster Family Home	Personnel and Staffing	[11-800-41]
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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).

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(b)(4)- Primary Caregiver's Disclosure form was not updated to reflect current numbers of household members.

41.(f), (f)(1), (f)(2)- No TB clearance result or TB clearance exemption form completed, APS/CAN/Fingerprint, and sex offender search result present for HHM#2.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(6) Fire- CG#4 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #3's Service Plan dated 4/24/25 without the client's/POA's signature.

Maribel Nakamine, RN 5/15/25
Compliance Manager
[Signature] 5/15/25
Primary Care Giver
Date

CTA RN Compliance Manager:

Maribel NakamineCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Evangeline Sunajo, CNA

(PLEASE PRINT)

CCFFH Address:

94-239 Pupukui St. 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?
6.d.1	Called OMA ASAP to provide PCG client's 1147 to file on client's book/binder.	5/30/25	Will create an admission checklist of documents needed prior to admission. Post it in my calendar or anywhere visible.
6.(b)(5)	Have HHM#2 sit with me, read and understands client's confidentiality practices	5/30/25	Will create a checklist of documents needed for HHM. Post it in my calendar or anywhere visible. Present it to whoever is moving-in have them read, understand it, agree prior to moving in the home.
41.(b)(4)	updated Disclosure form by adding HHM#2 as household.	5/15/25	Post a reminder in my calendar and/or post it where it is visible to update PCG Disclosure form everytime theres an addition to HHM.
41.(f)	Have HHM#2 have her TB clearance done & provide copy.	6/13/25	Create a checklist of documents needed for HHM. Post it in my calendar or anywhere visible. Present checklist to whoever is moving-in to the home.

☐ All items that were corrected are attached to this POC

PCG's Signature:

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Date:

8/04/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Maribel NakamineCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Evangeline Sunajo

(PLEASE PRINT)

CCFFH Address:

44-239 Pupukui St. 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?
41(f)(1)	Have HHM #2 schedule her fingerprinting ASAP as soon as she arrives from vacation	7/02/25	Will create a checklist of documents needed for HHM. Post it in my calendar or anywhere visible to me. Present it to whoever is moving-in to the home, have them read, understands & agree prior to moving-in to the home.
41(f)(2)	Search HHM #2 sex offender record & print copy.	8/04/25	Will create a checklist of documents needed for HHM. Post it in my calendar or anywhere visible to me. Present it to whoever is moving-in to the home, have them read understand & agree prior to moving-in.
(3P)(6)(6)	Called CG #4 [REDACTED] to perform Fire Drill as soon as she's available.	5/24/25	create a schedule of fire drill for each SCG for the year. Post it in my calendar or post it where it is visible to me. Let them know or remind SCG.
54(c)(2)	Client signed her SP. There is a change of health care power of Atty. will send copy	6/11/25	Post a reminder in their binder cover to have SP signed every after assessment.

☐ All items that were corrected are attached to this POC

PCG's Signature:

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Date:

8/04/25☒ CTA has reviewed all corrected items