

Foster Family Home - Deficiency Report

Provider ID: 2-240071

Home Name: Jun German Jr., CNA

15-1440 18th Avenue

Keaau

HI

96749

Review ID: 2-240071-3

Reviewer: Maribel Nakamine

Begin Date: 7/14/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/14/25).

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprint result present for HHM#4.

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 present for HHM#4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No evidence that basic skills checklist training was completed by CG#3, CG#4, and CG#5 for Client #1.

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 RN delegations present for CG#1, CG#3, CG#4, and CG#5 on oral medication administration; CG#1, CG#2, CG#3, CG#4, CG#5 without evidence of having been delegated on wound care treatment of Client #1. CG#3 and CG#4 without evidence of having been delegated by Client #2's RN CM on oral medication administration.

Foster Family Home - Deficiency Report

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.

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

Comment:

46.(a), (b)(2)- No nighttime monthly fire drill conducted by the CCFFH. CG#2, CG#3, CG#4, and CG#5 were without evidence of having conducted a monthly fire drill.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c)- No list of medications' side effects present for Client #1.

47.(d)(1)- No MD orders present for Client #1 and Client #2's use of bedrails.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) - Client #1's window without a screen- bugs, mosquitoes, vermins, bees can enter the client's bedroom and possibly bit the client.

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

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 and Client #2 with a video surveillance camera inside their bedrooms and also in the living room. No consents present from both clients' POAs/clients.

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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:

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

Comment:

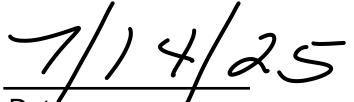
54.(b)- No caregiver's/writer's signatures after each dated entry from 1/16/25- present in Client #1's progress/observation notes.

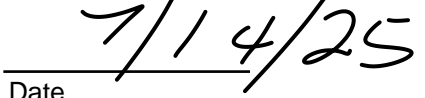
54.(c)(5) - Medication dosage discrepancy noted for Client #1's Escitalopram medication- label has 10 mg, Medication Administration Record (MAR) has 20mg. Client #1 and Client #2's monthly MARs were not signed- no initials present by caregiver/s who administered clients' medications.

Client #2's pain medication- Acetaminophen was not available on hand during review and Client #2 was c/o hip pain during survey inspection.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Jun German, Jr

(PLEASE PRINT)

CCFFH Address: 15-1440 18th Ave, Kea'au 96749

(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), (2)	HHM #4 Underwent APS/CAN/Fingerprint and ecrim and obtained greenlight determination. Results are attached and are added to the home binder.	7/21/25	Add HHM #4 to the list/schedule of APS/CAN/Fingerprint and ecrim checks for each year. Perform APS/CAN/Fingerprint & ecrim checks right away when adding HHM.
16. (b)(5)	Trained HHM #4 for Confidentiality Policies and Procedures and Client Privacy Rights of the home. Training sheet is signed and placed in the home binder.	7/28/25	When adding HHM, home will train the HHM of the Confidentiality Policies and Procedures and Client Privacy Rights within 3 days.
41. (g)	Basic skills training was done by CG #3, CG #4, CG #5 for Client #1. Signed Training sheet is placed in the client's binder.	08/05/25	Home will notify CMA that a Basic Skill and Competency Review/Training must be performed within 3 days of adding a caregiver.
43. (c)(3)	RN Delegations were done by CMA for CG #1, CG#2, CG#3, CG#4, CG#5 on oral medication administration of client #1; and wound care treatment delegation for CG#1, CG#2, CG#3, CG#4, CG#5 of client #1; CG #3 and CG #4 on oral medication administration of client #2. Signed delegations are placed in each client's binder.	08/05/25	Home will notify CMA that RN Delegations needs to be done within 3 days of adding a CG to the home.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 08/05/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)
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Chapter 11-800**

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CCFFH Address: 15-1440 18th Ave, Kea'au 96749

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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)	A nighttime unannounced monthly fire drill was conducted. Signed fire drill sheet is added to the home binder.	07/28/25	Designate which CG will conduct an unannounced monthly fire drill. CG#2 for July, CG#3 for August, CG#4 for September, CG# for October and PCG for November.
(b)(2)	CG#2 conducted the unannounced monthly fire drill for July.	07/28/25	
47. (c)	Researched(google) and printed medications' side effects for client #1 and added them to client's binder.	07/15/25	Upon picking-up clients' medicines, compile all pharmacy prescription information and file them into clients' binders.
47. (d)(1)	Obtained a copy of MD orders for the use of bedrails for clients #1 and #2. Orders are added to clients' binders.	07/22/25	Upon admission of a client, confirm with MD if client needs bedrail; and if yes, obtain a copy of MD order.
		07/29/25	
49. (c)(3)	A screen has been installed to client #1's window.	07/19/25	Schedule a yearly physical check on the home to determine all repairs that needs to be done.
50. (a)	CG3# has been trained with the CCFFH's Emergency Preparedness Plan. Signed EPP has been added to the home's binder.	07/28/25	Train on Emergency Preparedness Plan within 3 days of CG being added to the home.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 08/05/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine, RN

**Community Care Foster Family Home (CCFFH)
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Chapter 11-800**

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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?
53. (b)(9)	Obtained a video surveillance camera consent from client #1's POA and client #2. Consents are put into each client's binder.	07/15/25	Present and discuss the surveillance camera consent with the client or client's POA upon admission.
54. (b)	Observation Progress Notes cannot be corrected. Informed CMA of the mistake and was advised not to backsign and proceed with the succeeding days with signatures. Letter from CMA is attached.	07/15/25	CGs will sign each entry in the client's Observation Progress Notes every time a new entry is made.
54. (c)(5)	Confirmed medication dosage with client's MD and obtained a copy of the order. Informed CMA and MAR has been corrected.	07/22/25	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.
	Informed CMA about the MAR error-no CG initials for client #1 and #2. According to CMA, MAR cannot be redone and just proceed to the succeeding days with CGs initials. Letter from CMA is attached.	07/15/25	CGs will initial MAR right away upon giving clients' medications.
	Client #2's pain medication has been refilled and picked-up.	07/16/25	CG#1 will pick medications up the same day they are filled-up or ordered.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 08/05/25

☒ CTA has reviewed all corrected items