

# Foster Family Home - Deficiency Report

**Provider ID:** 1-150042

**Home Name:** Leilanie Tanaka, NA

**Review ID:** 1-150042-16

91-1058 Apuu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/13/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/13/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
--------------------	-------------------	------------

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG# 2, CG#2 does not have proof of two sets of background checks. Second violation.

Second Fingerprint check is overdue for CG# 4 on 2/14/2025, CG#4 does not have proof of two sets of background checks.

Second Fingerprint check is overdue for HHM#2, does not have proof of two sets of background checks. HHM#2 (turned 18 years old), was due on/before 4/19/2024.

8.(a)(1) Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

8(a)(2) APS/CAN checks were overdue for CG#1 and CG#3.  
APS/CAN was due on or before 6/9/2024 and are not present in the CCFFH file.

8(c) State Name Check (eCrim) was lapsed for CG#1 and CG#3.  
CG#1 State Name Check (eCrim) was due on or before 1/28/2024 and was completed on 5/24/2024.  
CG#3 State Name Check (eCrim) was due on or before 4/24/2024 and was completed on 5/24/2024.

# Foster Family Home - Deficiency Report

## 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. HHM #2 does not have proof of confidentiality training.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

~~41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.~~

41.(b)(5)(C)(i) Have a valid driver's license;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:



# Foster Family Home - Deficiency Report

41(a)(2) CNA Prometric registry check are not present for CG #3. CG#4 T V

41.b.4 Disclosure form present for CG#1 is not up to date.  
CG#4 is missing disclosure form.

41.b.5.c.ii. CG#3 have an expired picture ID on 3/28/2024.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, #3, and #4.  
CG#1 TB expired and were due on/before 7/10/2024.  
CG#2 TB expired and were due on/before 9/14/2023.  
CG#3 TB expired and were due on/before 5/20/2024.  
CG#4 TB expired and were due on/before 11/20/2024.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid/Bloodborne Pathogen/Infection control training for CG#1, #2, #3, and #4.

CG#1 CPR/1st aid expires on 4/28/2025.  
CG#2 CPR/1st aid expires on 2/11/2024.  
CG#3 CPR/1st aid expires on 4/28/2025.

CG#1, CG#2, and CG#3 BloodBorne Pathogen /IC expires on 1/8/2025.  
CG#4 BloodBorne Pathogen /IC expires on 12/21/2024.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, CG#2, CG#3, and CG#4.  
CG#1 requires 12 hours of in-service training, but had ZERO hours attended in 2024.  
No annual in-service training hours for CG#2, CG#3, and CG#4 for 2024 present in record and they were required to have 8 hours in 2024.

41.(h) No CG approval form present for HHM#2.

41.j.2. An approved Caregiver was not present in the home during the inspection. CG#2 came later during the inspection.

## 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.  
No RN delegation present for Client #2 for CG#4.

# 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) - Last fire drill present in record was documented on 4/1/2024. No fire drill documentation present for May 2024 through April 2025. Second Violation.

46.(b)(2)- CG#1, CG #2, CG #3, and CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 11/30/2024.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2025.

## 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;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(2) No current signature of POA/Client for service plan present for Client# 1.

No current service plan present for Client# 2. Last one in record is dated 8/15/2024.

54(c)(5) MAR was not documented daily Client#1. Sheet not completed from 4/29/25 thru 4/30/25, and 5/8/25 thru 5/13/25.

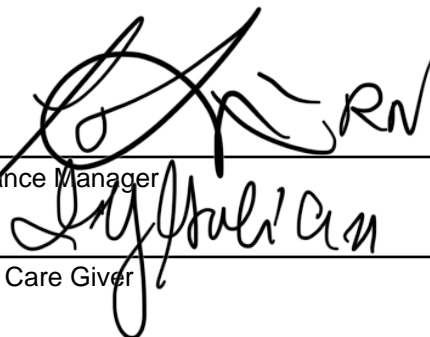
54(c)(6) ADL flowsheet and Vital signs sheet was not documented daily. Sheets not completed from 5/8/25 thru 5/13/25.

5/15/25



Compliance Manager

Primary Care Giver



5/13/2025

Date

5-13-2025

Date



CTA RN Compliance Manager: PO, LIM

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

Chapter 11-800

PCG's Name on CCFFH Certificate: LEILANIE TANAKA

(PLEASE PRINT)

CCFFH Address: 91-1058 APUU ST. EWA BEACH, 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)	Second Fingerprint for CG#2 is done with green light determination.	6/11/25	Home will ensure to remind the caregiver to get the fitness determination with a digital calendar with alarm before the due date.
	CG#4 has been removed from the home since 4/2024 but hasn't been reported to [REDACTED]	6/28/25	Home will ensure to report the removal of caregiver or changes to [REDACTED] with a digital calendar with alarm.
	Fingerprint for HHM#2 is done with green light determination.	6/24/25	Home will ensure to remind the caregiver to get the fitness determination with a digital calendar with alarm before the due date.
8(a)(1)	Sex Offender Check has been done for all Caregivers and HHMs.	6/10/25	Home shall ensure all CGs and HHMs will get their Sex Offender yearly with a digital reminder via smartphone with alarm.
8(a)(2)	APS/CAN for CG#1 was upto date, now, present in the CCHHF file.	6/10/25	Home will use digital calendar on their phones to remind CGs and HHMs APS/CAN are secured and should be in the CCFFH File.
	APS/CAN for CG#3 is now upto date.	6/3/25	Home will use a digital calendar on their phones to remind the CGs and HHMs to secure APS/CAN in a timely manner.
8(c)	State Name (eCrim) for CG#1 and CG#3 has been upto date.	6/3/25	Home will ensure to be reminded with an alarm on the phone calendar to all CGs to get the State Name Check on or before due date.

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 08/07/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: PO LIM

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

PCG's Name on CCFFH Certificate: LEILANIE TANAKA

(PLEASE PRINT)

CCFFH Address: 91-1058 APUU ST. EWA BEACH, 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?
16(b)(5)	HHM#2 now have proof of confidentiality training. She signed before leaving for emergency vacation but not filed in the CCFFH file.	6/10/25	Home shall ensure CGs and HHMs fill up the proof of confidentiality training and be filed in the book with a digital calendar in their phone.
41(a)(2)	CNA Prometric Registry for CG#4 is not present because she was removed since 4/2024.	6/10/25	Home shall ensure to report any additional or removal of CGs using a digital calendar on smartphone as reminder.
41(b)(4)	CG#1 Disclosure Form is now upto date. CG#4 Disclosure Form is not present due to discontinued of employment to our Home since 4/2024.	6/10/25	Home shall ensure to update the Disclosure Form when needed using a digital calendar. Home should report the changes to CTA with a digital calendar as reminder.
41(b)(5ci)	CG#3 (HHM1) Picture ID is now updated and in CCFFH file.	6/10/25	Home shall ensure picture IDs of CAs and HHMs are upto date using a digital calendar as reminder.
41(b)7	CCFFH now has TB Clearances for CG#1, CG#2, #3, (HHM1). CG#4 has been removed as substitute caregiver since 4/2024.	5/19/25 5/19/25 05/19/25	Home shall ensure the caregivers ans HHMs to get the annual TB Test using calendar reminder. Home shall report any removal or addition of caregivers to [REDACTED]
41(b)(8)	CCFFH now has upto date CPR/1st Aid for CG#1, CG#2, CG#3. CG#4 BBP is not submitted because she was removed on 04/2024.	6/10/25 6/10/25 6/10/25	Home shall have a digital calendar to remind the upto date CPR/1st Aid/BBP Training for all CGs in the CCFFH file. Home shall report any removal or addition of caregivers to [REDACTED]

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

Date: 08/07/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: PO LIM

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

PCG's Name on CCFFH Certificate: LEILANIE TANAKA

(PLEASE PRINT)

CCFFH Address: 91-1058 Apuu St. 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?
41(c)	In Service Training for CG#1 CG#2, CG#3 attended in service training but certificates were not filed in the book. CG#4 doesn't work for home since 4/2024. This cannot be corrected.	6/10/25	Home shall ensure to file in-service training to comply with [REDACTED] Home should set a calendar reminder via smartphone with alarm.
41(h)	HHM#2, Now a CG. Approval Form is filed in the Home.	7/24/25	Home shall submit the necessary Caregiver/HHM Approval Form before working. Home should set an alarm for calendar reminder.
41(j)(2)	Absence of Approved Caregiver on the visit. HHM was present to relieved. This cannot be corrected. HHM2 is now an approved caregiver. Approval is in the CCFFH book.	7/24/25	Home shall ensure the Home has a Caregiver approved by [REDACTED] to work. Home shall have a calendar reminder on filing the approval form for the caregiver.
43(c)(3)	RN Delegations were missing for both clients. Now, all completed. CG#4 is not employed with the Home since 4/2024 but not reported to [REDACTED]	6/10/25	RN Delegations should be signed by all Caregivers. Home shall do a calendar reminder via a smartphone.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 08/07/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: PO LIM

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

PCG's Name on CCFFH Certificate: LEILANIE TANAKA

(PLEASE PRINT)

CCFFH Address: 91-1058 Apuu St. Ewa Beach 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?
46(a)	Fire Drill This cannot be corrected.	6/10/25	Home shall conduct fire drill monthly to ensure safety of the clients and home.
46(b)(2)	All Caregivers No Fire Drill. This cannot be corrected.	6/10/25	Home shall have a calendar reminder with an alarm. Home shall conduct fire drill via Caregivers monthly to ensure the safety of everyone. Home shall use a digital calendar with an Alarm to remind the Caregivers.
51(a)(1)	Liability Insurance is renewed but not present during the visit. Now, in the CCHHF Book.	6/10/25	Home shall ensure the renewed LOI is on file. Home shall use a calendar to remind.
52(b)	Bank Statement is submitted for the funds of direct and indirect expenditures of the home.	6/10/25	Home shall ensure to submit the Fiscal Records annually. Use a digital calendar with alarm.
54(c)(2)	Signature of POA is submitted. Clients individual service plan and transportation plan is submitted. Client #1 service plan Client #2 service plan	6/10/25	Home shall ensure to put the POA upon admission. Clients Service Plan should be updated every 6 months. Use a calendar to be reminded.
54(c)(5)	Client #1 MAR completed, 4/29/25 thru 4/30/25, 5/8/25 thru 5/17/25. Medications were given but not documented.	6/10/25	Home shall ensure to fill the MAR documentation daily. An alarm clock would be essential for reminder.

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 08/07/25

☒ CTA has reviewed all corrected items

**CTA RN Compliance Manager:**

PO LIM

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

PCG's Name on CCFFH Certificate: LEILANIE TANAKA

**(PLEASE PRINT)**

CCFFH Address: 91-1058 Apuu St. Ewa Beach 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?
54(c)(6)	ADL flow sheet and vital signs done but not documented.	6/10/25	Home should ensure to fill the ADL, Flowsheet and Vital Signs daily. An alarm clock would be essential for reminder.

☒ All items that were corrected are attached to this POC

**PCG's Signature:**

Date: 08/07/25

☒ CTA has reviewed all corrected items