

# Foster Family Home - Deficiency Report

**Provider ID:** 1-510570

**Home Name:** Norma Carino, CNA

**Review ID:** 1-510570-17

91-116 Hailipo Street

Reviewer: Po Lim

Ewa Beach HI 96706

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/15/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, #3, and #4.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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

Comment:

41(a)(2) CG#4 was not officially added to work in the CCFFH as of 12/23/2024.

41(a)(3) No job experience form present for CG#4.

41.b.4. No disclosure form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, #3, #4. All CGs listed did not use the standardized DOH form.

# Foster Family Home - Deficiency Report

## 3 Person Staffing

## 3 Person Staffing Requirements

## (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#2 (NA) worked in a day or week.

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#3 has not conducted a fire drill in the past 12 months.

## 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/OPG/etc.. for service plan present for Client #1 and #3.

54(c)(5) MAR was not documented daily. Sheet not completed from 7/13/25 and 7/14/25.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed on 7/14/25 for Client#1.

ADL flowsheet was not documented daily. Sheet not completed from 7/13/25 and 7/14/25 for Client#2.

ADL flowsheet was not documented daily. Sheet not completed on 7/14/25 for Client#3.

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: Norma Carino

(PLEASE PRINT)

CCFFH Address: 91-116 Hailpo st. Ewa Beach HI 9706

(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)	Training on confidentiality and procedure and clients privacy rights done, signed by all caregivers	7/22/25	Will inform SCG/caregivers of the admission date and Coordinate with all caregivers to ensure they receive training on confidentiality, procedures, and client privacy on the day of admission.
41(a)(2) (a)(3) 41(b)(4)	All documents needed as SCG were obtained from CG#4, placed in her file, recorded job experience, disclosure form.	7/22/25	Home will make a list of all the documents needed for caregivers.
41(b)(7)	CG #3 renew TB clearance using the standardized DOH form. Other CG to follow before experience of their clearance. <del>EXPIRATION</del>	7/15/25	Will inform/educate all caregivers to use TB form, which is the standardized DOH form when renewing TB clearance.
3p(b)(2)	3 bed signed out sheet started.	7/15/25	The PCG will place a sign-out sheet near the exit door and will be required to sign out each time they leave the foster home.
3p(b)(1) (b)(2) (b)(4) (b)(6)	Fire drill done and up to date with my foster home name in the for as evidence. <del>form</del>	7/15/25	All fire drill forms will include the foster home's business name. The PCG will double-check each form after printing to ensure accuracy.

☒ All items that were corrected are attached to this POCPCG's Signature: Norma R. CarinoDate: 8/06/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten, RNCommunity Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800PCG's Name on CCFFH Certificate: Norma Carino  
(PLEASE PRINT)CCFFH Address: 91-116 Hailipo st. Ewa Beach HI 9706  
(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)(2)	Signatures for client #1 and #3 service plan was sign and done by POA/ client/ provider	7/25/25	Upon receipt of the finalized service plan, all required signatures including those of the client, POA, or applicable legal representatives will be promptly be obtained and documented. Home will make a list of document for signatures
54 (c)(5)	Mar completed and done	7/15/25	All caregivers will chart everyday. Home will make a list of all the flowsheets required each day
54(c)(b)	ADL Flowsheet done and completed.	7/15/25	All flowsheets will be completed and charted immediately after each task is performed. Home will make a list of all the flowsheets required each day

☒ All items that were corrected are attached to this POCPCG's Signature: Norma E. CarinoDate: 8/06/25☒ CTA has reviewed all corrected items