

Foster Family Home - Deficiency Report

Provider ID: 1-574625

Home Name: Rebecca Madrid, CNA

Review ID: 1-574625-17

2646 Kalihi Street

Reviewer: Po Lim

Honolulu

HI

96819

Begin Date: 6/4/2025

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.

Client #3 Form 1147 was not present in their file.

Deficiency Report issued during CCFFH inspection via email on 6/4/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Fingerprint was overdue for CG#1. Fingerprint was due on or before 1/7/2024 and was not present in the CCFFH file. CG#1 does not present with records of second set of background check within the 12 months.

8.(a)(1) Sex Offender check are not present for all the CG# 1, 32, #3, #4, and #5.

8(a)(2) APS/CAN checks were overdue for CG#5.

APS/CAN was due on or before 5/1/2025 and was not present in the CCFFH file.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and CG#5.

41.e CG#5 is presently on staff with CCFFH. CG#1 failed to maintain a file of CG#5. A change form was not present.

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 currently in use at the CCFFH. Last entry was 5/18/2025, currently PCG is not home during this inspection. CTA Compliance manager was unable to verify the number of hours.

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 #2 for CG#2, #3, and #4.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(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#5 did not conduct 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)(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 for service plan present for Client#1 and Client#2.


No current service plan present for Client#2. Last one in record is dated 7/30/2024.

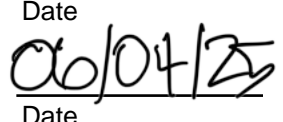
54(c)(6) Client #2 did not have evidence of RN monthly visit notes for 2/25, 3/25, and 4/25.



Compliance Manager


Primary Care Giver

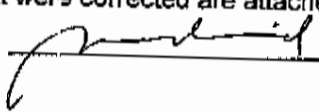


Date


Date

CTA RN Compliance Manager: TERRI VAN HOUTENCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800PCG's Name on CCFFH Certificate: REBECCA MADRID
(PLEASE PRINT)CCFFH Address: 2346 KAUHI ST. HONOLULU, HI 96819
(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)	Form 1147 for client 3, I'm not aware of this. I called CMA right away to email me the documents and put it on clients folder	6/24/25	Now that I know about Form 1147, I will check the clients folder if this documents are inside the folder. Remind the CMA about this. Home will use a
8(a)(1)	Finger print of CG #1 is not lapse yet. I check it and it will lapse 1/7/26	6/17/25	Fingerprint will end 1/7/26, before it lapse 1 month before will be renewed.
8(a)(1)	sex offenders of caregivers #'s 1, 2, 3, 4 lapsed can not be corrected.	6/20/25	Home will use a calendar to mark when will end the requirements are due so that a month before it expires, it will be finish.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: July 31 2025☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: REBECCA MADRID
(PLEASE PRINT)CCFFH Address: 2046 KALANI ST., Honolulu, HI 96819
(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)(2)	APS/CAN overdue #5 Removal form is enclosed. She's on vacation outside U.S. & ever since her house was burnt 5/16/25	6/6/25	Home will not hire caregivers that doesn't have complete documents,
41(a)(2)	CNA Prometric registry for caregivers #1 and 5. It was inside the folder but not visible, next time I will make a tab for Prometric only so that it will be seen right away.	6/4/25	Prometric registry will have a separate tab inside the folder in order to be seen right-away.
41-c	Caregiver #5 was as an emergency substitute for 5 hrs. Please see change form	6/7/25	Home will not hire without proper documents. Please see change form Enclosed

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 7/31/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: REBECCA MADRID
(PLEASE PRINT)CCFFH Address: 2646 KALIHU ST., HONOLULU, HI 96819
(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?
43(c)(3)	NO RN delegation to sub-caregivers - Sorry, I will not forget to let my sub-caregivers to sign next time	6/25/25	Home (P. caregiver) have to make sure that RN delegation must sign and put a marking sign/notice that it will be sign right away.
(3P)(b) (2)	NO evidence that 3-bed sign-out sheet was inside the folder. Last entry was 5/18/25. 2-Subcaregivers were on vacation for 14 days. So at that time period nobody substituted the primary care-giver until 6/4/25. Please see documents	6/5/25	Primary caregiver was out when [REDACTED] came. My substitute caregiver was Home so she was the one who talked to the [REDACTED] personnel. - Last documented sign-out was 5/18/25. Next time I will let sub-caregiver to sign the sheet first and out later. Put a

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 7/31/24☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN

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

PCG's Name on CCFFH Certificate: REBECCA MADRID
(PLEASE PRINT)CCFFH Address: 2646 KALANI ST, Honolulu, HI 96819
(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?
(3P)5	Lapse cannot be corrected.	6/27/25	Home will make sure all care-givers will be included in Fire-drill even tho she work only 5 hrs thru out the year.
54(C)(3)	I called CMA right about about the POA/client/OPG for the service Plan of clients #1 and #2.	6/27/25	next time remind the CMA for a signed documents to be filed on clients folder. Home will use a calendar reminder
54(C)(6)	The RN monthly report should be on different tab (RN TAB) not on the Doctors Tab	6/5/25	Folders or TABS should be check every time, so that when [REDACTED] come it will be seen visible.

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 7/31/25☒ CTA has reviewed all corrected items