

Foster Family Home - Deficiency Report

Provider ID: 1-230077

Home Name: Aileen Rivera, NA

94-1053 Hiapo Street

Waipahu

HI

96797

Review ID: 1-230077-5

Reviewer: Ryan Nakamura

Begin Date: 8/19/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/19/2025).

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): Evidence of lapse of APS/CAN clearance and criminal background check for CG#3. Background check and APS/CAN clearance were due by 3/30/2025 and completed on 4/15/2025 for criminal background check and 4/24/2025 for APS/CAN clearance.

8.(a)(2): No evidence present in CCFFH records of complete second set of background checks for HHM#1. No evidence 2nd set of APS/CAN clearance completed in consecutive years. 2nd set background check was due by 10/11/2024.

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

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

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.(a)(2): No evidence present in CCFFH records of CNA prometric registry check for CG#3.

41.(f)(1): Evidence of lapse of TB clearance for HHM#1. TB clearance was due by 10/21/2024 and was completed on 4/01/2025.

41.(g): No evidence present in client records of basic caregiver skills check was completed by client #1 or #2's case management agency for CG#5.

Foster Family Home - Deficiency Report

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 evidence present in client records of RN delegations were given by client #1 and client #2's case management agency for CG#3. No RN signature noted in documentation present.

Foster Family Home

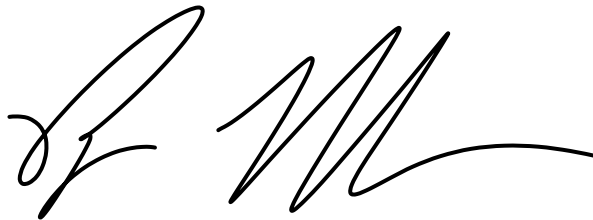
Records

[11-800-54]

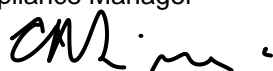
54.(c)(5) Medication schedule checklist;

Comment:

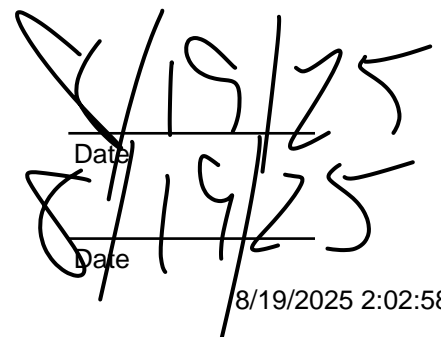
54.(c)(5): Client #2's Pediatric Multivitamin-Ferrous Sulfate 10 mg chewable tablet: 1 tablet by mouth daily was not listed in client's medication administrative record (MAR).



Compliance Manager



Primary Care Giver



Date

Date

8/19/2025 2:02:58 PM

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Aileen Rivera, NA

(PLEASE PRINT)

CCFFH Address: 94-1053 Hiapo Street 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?
8.(a)(1) (2)	CG#3 - The issue has been addressed and completed right away. Results file to their records in the CCFFH binder.	08-20-25	Home records for personnel(s) will be keep current and updated with background checks (APS/CAN) > A tracking system using wall calendar to monitor the status and due dates of all background checks. > A compliance checklist has been added to each personnel file to ensure all requirements are completed and documented. > Personnel File Audits - Monthly/quarterly internal audits will be done to ensure all required document are completed in a timely manner. > Place a reminder tab will be place on with the expiration date. One month prior to expiration, Home will contact individually to remind them to complete the required background checks and submit updated documentation.
8.(a)(2)	HHM#1 - The issue has been addressed and completed right away. Results file to their records in the CCFFH binder.	08-26-25	Home records for HHM(s) will be keep current and updated with background checks (APS/CAN) > A tracking system using wall calendar to monitor the status and due dates of all background checks. > A compliance checklist has been added to each HHM(s) file to ensure all requirements are completed and documented. > Personnel File Audits - Monthly/quarterly internal audits will be done to ensure all required document are completed in a timely manner. > Place a reminder tab will be place on with the expiration date. One month prior to expiration, Home will contact individually to remind them to complete the required background checks and submit updated documentation.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 08-26-25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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Chapter 11-800**

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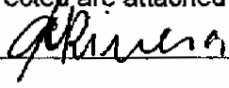
CCFFH Address: 94-1053 Hiapo Street Waipahu HI 96797

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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?
41.(a)(2)	CG#3 CNA prometric registry check has now been completed and documented. Result placed in the CCFFH binder.	08-25-25	Home CNA personnel records will be kept current and updated: > Regularly checking the [REDACTED] CCFFH newsletters via email and by visiting the [REDACTED] website. This will help ensure that home will remain up to date with current requirements and announcements. > A compliance tracking system using wall calendar to monitor completion to all required checks are completed and properly filed. > Monthly/Quarterly audits of personnel files will be conducted to verify the presence of all required documents, including the CNA registry check.
41.(f)(1)	HMM#1 - TB Clearance done late, and placed to CGs file in CCFFH binder.	08-19-25	Home HHMs records will keep current and updated, adults residing in the home will have a current (TB) Clearance in compliance with Department guidelines. > Compliance Tracking System: using wall calendar will be use to monitor all medical clearance deadlines for household members, including TB screenings. Reminder tab will be placed on the HHMs with expiration dates. > HMM(s) File Audits: Quarterly reviews of all HMM files will be done to ensure timely renewal of health-related documentation, including TB clearances.

☒ All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

08-26-25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Aileen Rivera, NA

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CCFFH Address: 94-1053 Hiapo Street Waipahu HI 96797

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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?
41.(g)	CG#5 - Caregiver Skills Check by the case management agency for CL #1 or CL #2, case management agency was promptly contacted to request documentation to complete. The completed documentation has been added to client's individual records.	<u>08-19-25</u>	Client's records will be keep current and updated with personnel(s) compliance records: > All personnel(s) must have documented verification that Basic Caregiver Skills Check completed before being assigned to any client. This has been added as a mandatory item on the caregiver on checklist. > Coordination With Client's CMA: Caregiver's Skills Check process will be followed to confirm that documentation will be done and records will be file to client's individual records accordingly. > Personnel File Audits: Monthly audits of all caregiver files, specifically focusing on skills check documentation, will be performed to ensure compliance. > A tracking log has also been use to monitor completion status across all caregivers.
43.(c)(3)	CG#3 - RN Delegation for CL#1 and CL#2. The Client's CMA was immediately contacted to address the missing delegations. The RN delegations were completed. Copies of the signed delegation forms have been placed in both the client records.	<u>08-19-25</u>	Client's records will be keep current and updated with personnel(s) compliance records: > Delegation Checklist will be review, also has been added to the client process to confirm that RN delegations are completed, signed, and on file prior to the caregiver providing delegated tasks. > Routine File Audits: Monthly audits of client files will now include a specific check for RN delegation forms with RN signatures for each caregiver assigned to perform delegated tasks. > Coordination With Client's CMA - home will communicate with client's CMA to ensure timely completion and return of all RN delegations, including signatures, before the caregiver begins care. > Home has been retrained on the requirements for RN delegation and proper documentation, including the necessity of obtaining and filing signed RN delegation forms for every caregiver-client match involving delegated tasks.

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CTA RN Compliance Manager: Ryan Nakamura, RN

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54.(c)(5)	CL#2 - Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	08-20-25	<p>Client's MAR will be keep current and accurate.</p> <ul style="list-style-type: none"> > Home will update RN CM of Client's CMA new medications before medication administration > Compare the medication label to the MAR when retrieving it. > Re-verify the label and MAR while preparing the medication. > Confirm label and MAR match just before administration (or returning it to storage). > Any discrepancies must be reported immediately to the CMA, pharmacy, and/or prescribing provider. The administration must be held until it is confirmed. > All discrepancies and communications shall be documented in the MAR and/or through an progress notes. > To ensure compliance, home will notify client's CMA, pharmacy, and MD immediately and up to date MAR Log will be use in the home. > Daily/Weekly MAR Audits: Routine Daily to weekly audit of each client's MAR will be conducted to confirm accuracy and completeness against current physician orders.

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