Foster Family Home - Deficiency Report

Provider ID:	**1-240072**		
Home Name:	**Angelica Behing, RN**	**Review ID:**	**1-240072-3**
94-302 Kahualena Street		Reviewer:	Ryan Nakamura
Waipahu HI 96797		Begin Date:	7/9/2025

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 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: 7/9/2025).

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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry searches were conducted for CG#1, CG#2, CG#3, and CG#4.

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): No evidence present in CCFFH records of confidentiality training completed for CG#2, CG#3, and CG#4.

Foster Family Home — Personnel and Staffing — [11-800-41]

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

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.

Comment:

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

41.(b)(7): No evidence present in CCFFH records for TB clearance for CG#3.

41.(b)(8): No evidence present in CCFFH of current CPR/first aid training for CG#2, CG#3, and CG#4. CPR was due by 11/30/2024 for CG#2. No prior documentation present for first aid/CPR for CG#3 and CG#4 and no prior documents for first aid for CG#2.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training for CG#3 and 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.

Comment:

46.(a): No evidence present in CCFFH records of fire drills were conducted for months of 5/2025 and 6/2025.

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): Internal emergency management policy has a signature sheet that is not signed by CG#3 and CG#4.

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;
54.(c)(8)	Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #2. Last service plan was completed 11/25/2024 and stated was due by 5/2025. Discrepancies noted in previous service plan compared to current services to G-Tube care/feedings, foley catheter care, and use of mittens.

54.(c)(2): Discrepancies noted in services compared to current service plan for client #1. Service plan did not address wound care to legs.

54.(c)(6): No documentation present in client records of skilled nursing care/ADL checklist for client #1 since 3/03/2025 and client #2 since 2/05/2025.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and #2.

Compliance Manager — Date 7/9/25

Primary Care Giver — Date 7/9/25

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: ANGELICA B BEHING, RN
(PLEASE PRINT)

CCFFH Address: 94-302 KAHUALENA ST. 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)	Sex Offender Registry search was conducted to all CGs. Home record was updated accordingly.	7/9/25	A comprehensive checklist of all requirements will be developed, with particular emphasis on conducting criminal history record checks for all Caregivers (CGs) and Household Members (HHMs). Periodic searches of the Sex Offender Registry will be conducted for all CGs and HHMs. Home will periodically organized binder containing updated documentation for all CGs. This binder shall include, but not be limited to, records of completed Sex Offender Registry searches.
16.(b)(5)	Provided confidentiality training and discussion with all the CGs 2,3 and 4. action was properly documented and Home record updated.	7/11-12/25	Confidentiality training shall be integrated into the comprehensive checklist of mandatory requirements. The home will maintain a current and accurate record documenting the completion of confidentiality policy and procedure training for all Caregivers (CGs) and Household Members (HHMs).

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 7/26/25

☒ CTA has reviewed all corrected items

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: ANGELICA B BEHING, RN
(PLEASE PRINT)

CCFFH Address: 94-302 KAHUALENA ST. 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?
41.(a)(2)	Prometric registry check was made and result printed. Home record updated.	7/9/25	Will require each caregiver to submit copies of all the requirement including prometric registration. Such requirement will be added in the comprehensive checklist to be developed.
41.(b)(7)	Required CG#3 to submit his TB test result. Home record updated.	7/9/25	To ensure compliance with applicable health and safety regulations, Tuberculosis (TB) clearance requirements will be integrated into the Home's comprehensive checklist of mandatory pre-employment and ongoing compliance documentation. Home will periodically organized binder containing updated documentation for all CGs. This binder shall include, but not be limited to, TB Clearace fo all Caregivers (CGs) and Household Members (HHMs).
41.(b)(8)	As to expired CPR, such lapse cannot be corrected. CPR and First Aid Training was obtained for CG#2, CG#3 and CG#4. Home record updated.	8/1/25	Home will create a Google Calendar with automated reminder to ensure all requirements are up to date. CG#1 will inform other caregivers when trainings and certificates are due a two weeks prior to its expiration.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 7/26/25

☒ CTA has reviewed all corrected items

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41.(b)(8)	Bloodborne Pathogen (BBP) training was required for CG#3 and CG#4. Training Certificate was obtained and Home record was updated.	8/1/25	BBP training and certification requirement shall be formally incorporated into Home's comprehensive compliance checklist A valid BBP certfication shall be required as condition before and continued engagement for all Caregivers. Home will maintain updated record of each caregiver's BBP certification. A google Calendar will be maintained to track certification renewal deadlines.
46.(a)	Lapse cannot be corrected	7/20/25	Home will use Google Calendar to remind Home and Caregivers to conduct monthly fire drill. Home shall complete Fire Drill report form and update the home record as soon as practicable.
50(a)	Internal Emergency Management Policy was reviewed an discussed in detail with CG#3 and CG#4. Printed copies of the policy were provided to both, and their	7/11/25	The Internal Emergency Management Policy shall be integrated into the comprehensive checklist of mandatory requirements.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 8/2/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN, RN

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Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: ANGELICA B BEHING, RN
(PLEASE PRINT)

CCFFH Address: 94-302 KAHUALENA ST. 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?
50(a)	signatures were obtained to confirm they received and understood the information. Home record has been updated.	7/11/25	All new caregivers will be required to review the policy and home will require signature to acknowledge understanding of emergency roles and responsibilities. Signed copies will be stored in each caregivers separate binder.
54.(c)(2)	PCG requested updated service plan record from client's RNCM and CMA of client #1.	7/15/25	Will require an updated service plan from client's CMA as soon as possible upon admission of a client. Close collaboration will be maintained with both the Registered Nurse Case Manager (RNCM) and the CMA to communicate any changes in the client's condition, interventions, or support needs. Follow-up efforts with the CMA will be carried out promptly to prevent delays in updating the client's plan of care.
54(c)(2)	PCG requested updated service plan record from client's RNCM and CMA of client #2.		Close collaboration will be maintained with both the Registered Nurse Case Manager (RNCM) and the CMA to communicate any changes in the client's condition, interventions, or support needs.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 8/2/25

☒ CTA has reviewed all corrected items

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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?
54.(c)(6)	Lapse cannot be corrected.	7/10/25	Will maintain skilled nursing care and ADL checklist in both clients room for immediate documentation. Will create a weekly reminder to ensure updated ADL checklist.
54(c)(8)	PCG asked representative or client to sign the inventory.	7/15/25 7/22/25	Will establish standard form for the client or representative to sign the list of their inventory, Will formulate a checklist of admission and ensure compliance upon admission.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 9/2/25

☒ CTA has reviewed all corrected items