

# Foster Family Home - Deficiency Report

Provider ID: 1-230081

Home Name: Lucena Espejo, CNA

Review ID: 1-230081-7

2776A Kalihi Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 8/1/2025

## 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: 8/1/2025).

CCFFH applied to increase to 3 client bed CCFFH.

## 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 CCFFH confidentiality/privacy training was completed by CG#4, CG#5, and CG#6.

## Foster Family Home

## Personnel and Staffing

[11-800-41]

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

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.

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry searches were completed for CG#1 and CG#4.

41.(c): No evidence present in CCFFH records of CG#2 completed minimum 8 hours of annual in-service training during 2024.

## Foster Family Home

## Fire Safety

[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#2 conducted a fire drill in the past 12 months.

# Foster Family Home - Deficiency Report

**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#4, CG#5, and CG#6.

**Foster Family Home**

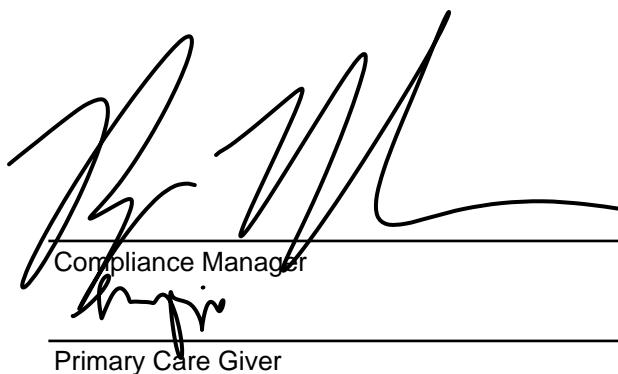
**Records**

**[11-800-54]**

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #1 and #2. Both service plans were due by 7/31/2025.



Handwritten signatures of the Compliance Manager and Primary Care Giver. The Compliance Manager's signature is on the left, and the Primary Care Giver's signature is on the right. Both signatures are in black ink.

Compliance Manager

Primary Care Giver



Handwritten dates. The top line shows '8/1/25' and the bottom line shows '8/1/25'. Both are in black ink.

8/1/25

Date

8/1/25

Date

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: Lucena M Espejo

(PLEASE PRINT)

CCFFH Address: 2776A Kalihi Street 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?
16.b.5	Signature obtained by CG#4, CG#5 & CG#6 of CCFFH confidentiality/privacy training. It was placed into home record.	8/5/25	Home will use a spreadsheet on laptop to identify documents requiring signatures. All new SCG will sign CCFFH confidentiality/privacy training.
41.a.2.	CNA Prometric registry search completed for CG#1 & CG#4. It was placed into home record.	8/5/25	Home will use a spreadsheets on laptop to identify when documents are due. All CNA will need to obtain Prometric registry research every 2 years.
41.c	Lapse cannot be corrected.	8/5/25	Home will use a wall calendar to put all due dates on. SCG will need to complete 8 hours of in service for a 2 bed home yearly before due date to prevent future lapses.
46.b.2	Lapse cannot be corrected	8/5/25	Home will use a wall calendar to put all due dates on. SCG will need to conduct a fire drill for a 2 bed home yearly before due date to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: Lucena M Espejo

Date: 8/5/2025

CTA has reviewed all corrected items

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: Lucena M Espejo

(PLEASE PRINT)

CCFFH Address: 2776A Kalihi Street 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?
50.a	Signature obtained by CG#4, CG#5 & CG#6 of Internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to: It was placed into home record.	8/5/25	Home will use a spreadsheet on laptop to identify documents requiring signatures. All new SCG will sign Internal emergency management policies and procedures for emergency situations.
54.c.2	Case management agency signed client records of current services plan for client #1 & client #2. It was placed into home record.	8/5/25	Home will use a spreadsheet on laptop to identify documents when requirements are due to prevent them from expiring. CG#1 will inform case management agency when an item is due 4 weeks before it is due.

All items that were corrected are attached to this POC

PCG's Signature: Lucena M Espejo

Date: 8/5/2025

CTA has reviewed all corrected items