

Foster Family Home - Deficiency Report

Provider ID: 1-618952

Home Name: Myrna Bahou, NA

Review ID: 1-618952-18

94-564 Kupuna Loop

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 7/16/2025

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/16/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Sex Offender check are not present for CG#1, #2, and #3.

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

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

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

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.

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.(b)(7) CCFFH did not have TB clearance on the correct standard form for CG#1 and CG#3.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1. CG#1 requires 12 hours of in-service training, but had only 10 hours attended in 2024.

41.g. No basic skills check present in record for CG#1.

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#1.

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.

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

Comment:

46.(a) - Last fire drill present in record was documented on 05/2025. No fire drill documentation present for June 2025.

46.(b)(2)- CG#2 and CG#3 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.c.3. Client#1, #2, and their bathroom do not have the ability to lock the door from the inside, which doe not provide privacy for the clients.

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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place.

Emergency Plan was not filled out completely. CG#1, 2, and #3 did not complete the training and sign the acknowledgement form.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- The CCFFH did not have evidence of a current automobile policy that meets the minimum for CCFFH. Property damage was at 10k instead of 30k.

Foster Family Home

Records

[11-800-54]

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)(5) MAR was not documented daily for Client#1. Sheet not completed on 7/15/2025.

MAR was not documented daily for Client#2. Sheet not completed from 7/14/2025 to 7/15/2025.

54(c)(6) ADL flowsheet was not documented daily client#1. Sheet not completed on 7/15/2025.

ADL flowsheet was not documented daily client#2. Sheet not completed from 7/14/2025 to 7/15/2025.

Compliance Manager

Primary Care Giver

7/16/2025

Date

7/16/25

Date

CTA RN Compliance Manager:

PO Lim, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Myrna Bahou

(PLEASE PRINT)

CCFFH Address: 94-564 Kupuna Loop 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 has been checked for CG#1, CG#2 and CG#3	8/25/2025	PCG will check the sex offender registry once a year on HCJDC websites. PCG and caregivers implement a system for reporting any suspicious activities or concerns that arise throughout the year.
16.b.5	Training has been provided to CG#2, CG#3 and other adults in the home	8/25/2025	PCG will inform new caregivers about confidentiality training after hiring and other adults in the home. I (PCG) will document it as my record.
41.b.7	TB clearance using the correct form has been obtained for CG#1 and CG#3	8/25/2025	PCG will follow the [REDACTED] website for any TB new updated forms once a year. Home will also post on the office board for caregiver's with nearly expiring documents so that they can renew using the correct TB clearance forms to avoid further mistakes.

All items that were corrected are attached to this POC

PCG's Signature:

Myrna Bahou

Date: 8-25-2025

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Po Lim, RN

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Myrna Bahon

(PLEASE PRINT)

CCFFH Address:

94-564 Kupuna Loop, 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.C	In-Service hours for CG#1 per calendar year has been resolved. It was placed in the wrong area of the binder.	8/25/2025	PCG will open the client binder and review every six months to double check if there are documents that are being misplaced.
41.9	Basic Skills for Caregiver #1 has been found. It was found in the client binder.	8/25/2025	PCG will open the binder review it every six months to check if there are some documents that are being misplaced. PCG will then properly sorted them out in correct order.
43.C.3	RN Delegation of CG#1 for client #2 has been found on the client binder.	8/25/2025	PCG will open the client binder and review it to make sure all documents are being inserted with their corresponding label to avoid mistakes.

 All items that were corrected are attached to this POCPCG's Signature: Myrna BahonDate: 8-25-2025 CTA has reviewed all corrected items

CTA RN Compliance Manager:

PO Lim, RN

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Myrna Bahou

(PLEASE PRINT)

CCFFH Address:

94-564 Kupuna Loop, Wai'anae, HI 96791

(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?
46.a	Fire Drill for June 2025 has been resolved.	8/25/2025	PCG will inform the caregiver who's conducting the fire drill to make sure the form is signed, dated and filed into the PCG binder.
46.b.2	CG#2 and CG#3 both conducted Fire Drills.	8/25/2025	PCG will assign a caregiver who will be conducting the Fire Drill and post in the office board every month. PCG must reiterate with the caregiver conducting the Fire Drill to sign and date after completion.
49.c.3	Client #1 #2 rooms and thier bathroom lock has been replaced	8/25/2025	PCG will check new emails from CTA and read them to find out if there are any new requirements every day. The new locks were installed on client #1 and client #2 rooms and thier bathroom, which they are now able to lock from inside for privacy. The caregivers can also open from outside for emergency purposes.

 All items that were corrected are attached to this POCPCG's Signature: Myrna BahouDate: 8-25-2025 CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim, RN

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Myrna Bahou
(PLEASE PRINT)

CCFFH Address: 94-561 Kupuna Loop, 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?
50.9	Emergency has been resolved completely	8/25/2025	PCG will open the client binder every six months to make sure emergency plan training for all Caregivers is. PCG must inform all caregivers to do their training and post it on the office board if necessary. PCG must inform CG #1, CG #2 and CG #3 not to forget to sign the Emergency Plan acknowledgement form.
51.9.2	Automobile Insurance has been updated to 30K for each claim	8/25/2025	PCG will open the binder every six months and review the automobile insurance coverage to see if it meets CTA's required coverage. If there's a discrepancy, call the insurance agency to update the insurance coverage.

All items that were corrected are attached to this POC

PCG's Signature: Myrna Bahou

Date: 8-25-2025

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Po Lim, RN

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Myrna Bahou

(PLEASE PRINT)

CCFFH Address:

94-564 Kupuna Loop, 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?
54.C.5	MAR Flowsheet for Client #1 and Client #2 has been completed.	8/25/2025	PCG will check caregivers daily task to make sure they are documented on a daily basis. PCG is also will always remind caregivers not to forget documenting their flowsheets. Post reminder notes on the office board if necessary.
54.C.6	ADL Flowsheets for Client #1 and Client #2 has been completed	8/25/2025	PCG will caregiver's daily tasks to make sure they are documented on a daily basis. PCG will always remind caregiver's not to forget documenting their flowsheets. Post reminder notes on the office board if necessary.

 All items that were corrected are attached to this POC

PCG's Signature:

Myrna Bahou

Date: 8-25-2025

 CTA has reviewed all corrected items