

Foster Family Home - Deficiency Report

Provider ID: 1-220084

Home Name: Amy Quindara, CNA

Review ID: 1-220084-7

2312-A 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 3 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).

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry search completed for CG#1.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order of use bed side rails for client #1.

Foster Family Home Records [11-800-54]

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

Comment:

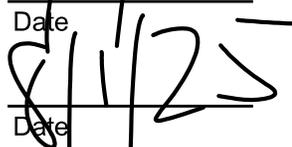
54.(c)(5): Discrepancy noted between Warfarin's physician order compared to order stated in client's medication administration record (MAR). Last documentation of medication administration noted 7/25/2025.



Compliance Manager


Primary Care Giver



Date


Date

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

PCG's Name on CCFFH Certificate: Amy Quindara CNA

(PLEASE PRINT)

CCFFH Address: 2312A Kalihi Street Honolulu Hawaii 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?
41.(a)(2)	Cna prometric registry check CG #1 were obtained and filed in the binder, ready for review by CTA	8/1/25	Home will place a checklist on the front page of the HHM's tab to ensure that all necessary documents are in compliance with requirements for CNA
47.(d)(1)	Physician's order for side rail was obtained and placed in the client #1 binder	8/20/25	A checklist will be implemented to ensure that all required physician orders are obtained and properly documented before any equipment, including bed side rails is used for clients
54.(c)(5)	I rewrote the new physician's order onto the new sheet of MAR. Documentation of medication administration can no longer be corrected.	8/1/25	Immediate correction to the MAR once new orders have been provided by the physician. CCFFH will verify that each caregiver has signed/initialed the MAR at the end of each day noting that the medication has been administered

All items that were corrected are attached to this POC

PCG's Signature:

Date:

9/23/25

CTA has reviewed all corrected items