

Foster Family Home - Deficiency Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

Review ID: 2-595845-18

15-1522 28th Avenue

Reviewer: Ryan Nakamura

Kea'au

HI 96749

Begin Date: 9/29/2025

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: 9/29/2025).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence present in CCFFH records of lapse of APS/CAN clearance for CG#1. APS/CAN clearance was due by 9/13/2024 and completed 6/17/2025.

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.

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH confidentiality training completed by CG#4 and HHM#1.

16.(c)(1): No documentation of signed written consent of use or disclosure of client information for client #1.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3p)(B)(2) Staff: No evidence present in CCFFH of updated caregiver sign-in sheet. CG#1 stated it had not been updated. Last entry was dated 9/25/2024.

Foster Family Home Grievance [11-800-45]

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(3): No evidence present of signed acknowledgement of grievance policies and procedures were reviewed for client #1. Home policy's signature page was missing.

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): No evidence present in CCFFH records of CCFFH's emergency preparedness plan

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 signature present by client/responsible party on client #1's current service plan.

No documentation present of complete current service plan for client #2. CTA unable to review/determine if services are being addressed in the current service plan. Client records have only a signature sheet signed on 8/29/2025. Last complete service plan present in client records dated 8/13/2024.



Compliance Manager



Primary Care Giver

9/25/25
Date
9/25/24
Date