

Foster Family Home - Deficiency Report

Provider ID: 1-210084

Home Name: Brendalyn G. Diaros, CNA

Review ID: 1-210084-9

94-418 Hoaeae Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 8/27/2025

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: 8/27/2025).

CCFFH applied to increase to 3 bed CCCFH.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(e): CCFFH applied to increase to 3 bed CCFFH. CG#2 was only approved as a 2 bed substitute caregiver.

41.(f)(1): No evidence present in CCFFH records of current TB clearance signed by MD/APRN/DO/NP for HHM#4.

Foster Family Home Grievance [11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

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

Comment:

45. (1)(2)(3): No evidence present in client records of grievance policy was informed to client #1. No documentation present in client's records.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No documentation present in client records of list of side effects of current medications for client #2.

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Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(a): No evidence present in client records of client's rights were informed to client/client representative in client #1's records.

53.(b)(9): No evidence present in client records of consent/acknowledgement signed by client/client representative of use of camera/monitor in client common area for client #1 and #2.



Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Brendalyn G. Diaros

(PLEASE PRINT)

CCFFH Address: 94-418 Hoaeae St. Waipahu Hawaii 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.e.	SCG#4. CNA and qualified to provide services and care of the client and was approved by CTA for 3-bed CCFFH. It was placed into the home binder,	9/12/2025	Home will use checklist when there are new requirements added. Checklist will be done after obtained the required documents within an hour.
41.(f)1	2025 TB clearance was obtained for HHM#4. It was already placed in the chart binder.	9/8/2025	Home will be review the Tb clearance that will be signed by the MD/APRN/DO/NP and make a calendar to put all due dates to avoid future lapses.
45.(1)(2)(3)	Grievance policy of the client #1 was already signed by the client representative. It was placed into the client binder for records.	9/14/2025	Home will used checklist during the admission to make the policies and procedure/policies guidelines of grievance. Check will be done 1 hour before the family left.
47.(c)	Medication administration side effect record of the client #2 was done. It was already placed in the client binder.	8/28/2025	Home will used checklist. Home will immediately notify CMA, or Doctor if there side effect.
53.(a)	CCFFH obtained the documents from the CMA and it was already provided a copy to the representative party. It was placed client#1 binder.	8/28/2025	Home will use checklist during the client admission and to have the written clients/procedures available signed by the client representative party/POA. Checks will be done an hour before the family left.

All items that were corrected are attached to this POC

PCG's Signature: *B. Diaros*

Date: 9/15/2025

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: Brendalyn G. Diaros

CCFFH Address: 94-418 Hoaeae St. Waipahu Hawaii 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?
53.(b)9	Baby camera/monitor already removed from the living room.	8/27/2025	Home will use a checklist during the admission to be sign by the client representative/POA for the audio/ video capturing event in the common area. Checks will be done 1 hour before the family left.

All items that were corrected are attached to this POC

PCG's Signature: *Brendalyn G. Diaros*

Date: 9/15/2025

CTA has reviewed all corrected items