

Foster Family Home - Deficiency Report

Provider ID: 1-559049

Home Name: Carmencita Asuncion, CNA

Review ID: 1-559049-19

94-1169 Kahuanui Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 11/19/2025

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: 11/19/2025).

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

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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 Prometric CNA registry check for CG#1.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure completed for CG#3.

41.(b)(8): Evidence of lapse present in CCFFH records of first aid/CPR training for CG#1, CG#2, and CG#3. Training was due by 10/31/2024 and completed 9/15/2025 for CG#1. Training due by 6/5/2025 and completed 9/10/2025 for CPR and 9/19/2025 for first aid training for CG##2. Training due by 10/31/2024 and completed CPR on 9/10/2025 and first aid training on 9/19/2025 for CG#3.

41.(c): No evidence present of minimum 12 hours of annual in-service training completed in 2024 for CG#1 and 8 hours for CG#2 and CG#3.

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.

Comment:

46.(a): No evidence present in CCFFH records of monthly fire drills were conducted in months of 12/2024, 11/2024, and 10/2024.

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Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client records of written consent/acknowledgement signed by client/POA of use of camera/monitor in client bedroom for client #1.

Foster Family Home

Records

[11-800-54]

54.(c)(8) Personal inventory.

Comment:

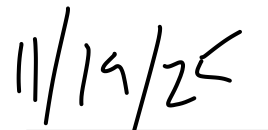
54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1.



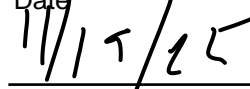
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager:

RYAN NA/KAMURA

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

PCG's Name on CCFFH Certificate:

CARMENCITA ABUNCION

(PLEASE PRINT)

CCFFH Address:

94-1169 KAHUANUI ST. WAIKAPU, 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?
	<p>Personal belongings Inventory for client #1 I was done inventory was filed on the client's binder.</p>		<p>Signed and updated would not be missed.</p> <p>I have made a checklist on the parts of the client's binder that need to be reviewed every quarter. The checklist is base on the table of contents I marked also on my calendar + put a reminder note on my reminder board the date to review the client's chart using the checklist with the all the documents that need to be completed, signed and updated would not be missed.</p>

All items that were corrected are attached to this POC

PCG's Signature:

Carmencita Abuncion

Date:

2-6-26

CTA has reviewed all corrected items

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:

CARMENCITA ABUNCION

(PLEASE PRINT)

CCFFH Address:

94-1169 KAHUANUI ST. WAIKAIHUA, 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?
46 (a)	Can not be corrected but can be avoided through the following strategies.		I have set an alarm on my cellphone like every 30th of the month to remind me that Fire drill is needed for the following month. This will prevent having missed Fire drills.
49(b)(3)	I have asked my CMA to secure consent from the family on the use of camera/monitor in room of client #1. Signed consent was filed on the client's binder.	11-19-25	I have made a checklist on the parts of the client's binder that need to be reviewed every quarter. The checklist is based on the Table of Contents I marked also on my calendar and put a reminder note on reminder board the date to review the client's chart using the checklist. With this all the documents that need to be completed

All items that were corrected are attached to this POC

PCG's Signature:

Carmencita Abuncion

Date:

2-6-26

CTA has reviewed all corrected items

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:

CARMENCITA ABEUNCIAN

(PLEASE PRINT)

CCFFH Address:

94-1169 KAIHUANUI ST. WAIPIAHU, 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)	Can not be corrected but this can be avoided by the following preventative strategies.		<p>documents I also marked on my calendar the dates I need to review requirements using the checklist.</p> <p>I have made a checklist of all the requirements for SCG's. On the checklist are requirements the date they were initially done and the date of renewal. I will be checking the checklist quarterly to determine which requirements will be expiring/missing documents I also marked on my calendar the date I need to review requirements using the checklist.</p>

All items that were corrected are attached to this POC

PCG's Signature:

Carmencita Abeuncian

Date:

2-6-26

CTA has reviewed all corrected items

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: CARMENCITA ASUNCION
(PLEASE PRINT)

CCFFH Address: 94-1169 KAHUANI ST. WAIKAKAI, 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(b)(8)	Can not be corrected the renewals were done past the expiration.		<p>This will give me and the SCG's enough time to renew or complete the expiring/missing documents. I also marked on my calendar the date I need to review requirements using the checklist.</p> <p>I have made a checklist of all the requirements for SCG's on the checklist are the requirements the date they were initially done, and the dates of renewal. I will be checking the checklist quarterly to determine which requirements will be expiring like the FA/CPK. This will give me and the SCG's enough time to renew or complete the expiring</p>

All items that were corrected are attached to this POC

PCG's Signature: Carmencita Asuncion

Date: 2-6-26

CTA has reviewed all corrected items

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:

CARMENCITA ASUNCION

(PLEASE PRINT)

CCFFH Address:

94-1169 KAHUANUI ST. WAIKAIHUA, 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(a)(2)	Proxetic CAN Registry check for CG #1 was done. Copy was filed on the Administrative Binder.	11-20-25	I have made a checklist of all the requirements for my SCG's. I will be checking the checklist quarterly to determine which requirements are missing or will be expiring. This will give me and the SCG enough time to complete the missing documents. I have mark also on my calendar the date I need to review the requirements base on the checklist.
41(b)(4)	Disclosure of CG #3 was completed and copy was filed on the Administrative Binder.	11-23-25	I have made a checklist of the requirements, the date they were initially done and the dates of renewal. I will be checking the checklist quarterly to determine which requirements will be expiring.

All items that were corrected are attached to this POC

PCG's Signature:

Carmencita

Date:

2-6-26

CTA has reviewed all corrected items