

# Foster Family Home - Deficiency Report

Provider ID: 1-517477

Home Name: Corazon Sales, LPN

Review ID: 1-517477-28

94-1097 Lumiaina Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 10/17/2025

## 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: 10/17/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1 and #2. 1147 assessment expired on 9/26/2025 for client #1 and 11/30/2024 for client #2.

## 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): No evidence present in CCFFH records of lapse of APS/CAN clearance for CG#2 and CG#3. APS/CAN clearance was due by 11/01/2024 and obtained on 11/30/2024.

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

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

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

Comment:

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

41.(b)(7): TB clearance completed on unapproved DOH TB clearance form for CG#1, CG#2, and CG#3.

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

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

(3)(a)(5) Staff: No evidence present in CCFFH records of CG#2 completed minimum 12 hours of in-service training hours in the past 12 months or 24 hours in the past 24 months.

## 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 evidence present in client records of RN delegations given by client #1's case management agency for topical medication administration for CG#2 and CG#3.

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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 signed by client's representative of use of camera/monitor in common living area for client #1, #2, and #3.

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;

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

54.(c)(8) Personal inventory.

54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:


54.(c)(2): No evidence present in client records of current service plan for client #2. Last service plan present was dated 6/30/2023.

No signature by client's representative noted for client #1's current service plan dated 5/06/2025.

54.(c)(5): Discrepancy present in client #3's medication administrative record (MAR) and physician order/medication label for melatonin. Physician order and medication on supply is 10mg 1 tablet PO QHS but MAR states 3mg 1 tablet PO QHS PRN.

54.(c)(8): No evidence present in client records of inventory of personal belongings for client #3.

54.(e): Chart of a discharged client found in CCFFH. CCFFH must return chart back to client's case management agency.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/17/25  
\_\_\_\_\_  
Date

10/17/25  
\_\_\_\_\_  
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: Corazon Sales, LPN  
(PLEASE PRINT)

CCFFH Address: 94-1097 Lumiaina Street 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?
6.(d)(1)	PCG obtained a current 1147 and stored properly for client#1 and client#2's binder.	11/04/25	Notify the CMA 60 days to ensure updated the 1147.
8.(a)(2)	CG #2 and #3 had a late renewal of their APS/CAN clearance. this can't be fixed because it's in the past.	10/17/25	Maintain a tracking log of all caregivers APS/CAN expiration dates. Set calendar reminders 60 days before expiration to begin renewal. Upon obtaining, immediately store in the CCFFH binder.
41.(a)(2)	PCG conducted a Prometric registry check online with CG#2's certificate# and find Prometric website currently not working properly.	11/17/25	CG#2. Require proof of registry status. Keep a copy of the registry printout in their file.
41.(b)(7)	CGs #1, #2, and #3 did have TB clearances completed, but were not on the new required forms. All CGs were aware of the new form.	10/17/25	PCG will use the new form with the next TB test.

All items that were corrected are attached to this POC  
PCG's Signature: Corazon Sales

Date: Feb. 6, 2026

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: Corazon Sales, LPN  
(PLEASE PRINT)

CCFFH Address: 94-1097 Lumiaina Street 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?
(3p)(a)(5)	CG#2 completes the required training hours.	10/17/25	Maintain a training log with available service training schedule to complete required hours.
43.(c)(3)	The PCG obtain RN delegation forms from the case management agency for CG#2 and CG#3.	11/05/25	PCG will obtain a RN delegation for each CG#2 and CG#3 for topical medication. Add a current audit of caregiver files to confirm delegation documents are present and current.
49.(b)(3)	The PCG obtain and file signed camera consent form from client's representative.	11/17/25	PCG will immediately complete and sign Camera Consent Form upon admission.

All items that were corrected are attached to this POC

PCG's Signature: Corazon J. Sales

Date: 11-17-2025

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: Corazon Sales, LPN  
(PLEASE PRINT)

CCFFH Address: 94-1097 Lumiaina Street 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)(2)	The PCG obtain and file a new signed service plan from OPG for client#1 and client #2.	11/14/25	PCG will note on calendar or checklist to track service plan due dates and required OPG signatures, so this doesn't happen again.
54.(c)(5)	PCG has match physician orders exactly to ensure safe and consistent client care.	10/17/25	Double-check MAR for technical errors and physician orders from medication labels. Review MARs monthly for accuracy.
54.(c)(8)	Belonging inventory is signed/acknowledged by the client#3 or their representative.	10/20/25	Keep the inventory in the client's file for future inspections. Use a personal inventory form at admission and update yearly. Require caregiver and client/representative signatures for accuracy. Store inventories in client files.
54.(e)	The chart has been returned completely to her assigned case management.	11/16/25	Any remaining chart of discharge client is immediately return to the case management agency.

All items that were corrected are attached to this POC  
PCG's Signature: Corazon Yu Sales

Date: 11-17-2025

CTA has reviewed all corrected items