

Foster Family Home - Deficiency Report

Provider ID: 1-220012

Home Name: Daiserie Reyes, CNA

Review ID: 1-220012-10

98-1456 Hoohonua Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 11/21/2025

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: 11/21/2025).

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.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training completed by CG#2, CG#3, CG#4, and CG#5.

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

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

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

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.

Comment:

41.(b)(7): No current TB clearance present in CCFFH records for CG#4. TB clearance was due by 11/10/2025.

41.(b)(8): CPR/First Aid training expired 6/23/2025 for CG#4.

No evidence present in CCFFH records of current bloodborne pathogen for CG#4. Bloodborne pathogen training due was due by 5/24/2025.

41.(e): CG#2 and CG#3 not approved as 3 bed CCFFH substitute caregivers.

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

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: No job experience form present for CG#2 and CG#3.

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): Internal emergency management policy has a signature sheet that is not signed by CG#3 and CG#5.

Foster Family Home

Records

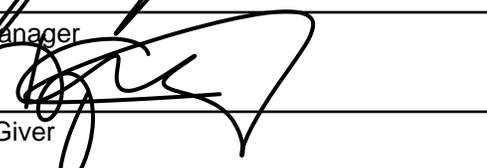
[11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6): No daily documentation present in client #1's records of skilled nursing/ADLs checklist from 11/06/2025 to 11/21/2025.



Compliance Manager


Primary Care Giver

11/21/25

Date
11/21/25

Date

CTA RN Compliance Manager: Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

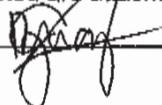
Chapter 11-800

PCG's Name on CCFFH Certificate: Daiserie Reyes
(PLEASE PRINT)

CCFFH Address: 98-1456 Hohonua Street Pearl City HI 96782
(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?
11e(b)(5)	Confidentiality procedures and policies and client privacy right form is already signed by the SCGs and place it to PCG's binder.	12/19/25	PCG will make sure to use a set up reminder on the wall or use her phone to alarm the reminders needed for all documents signed before PCG starting to work.
41(b)(7)	TB Test of CG #4 is done since 10/10/25 placed in PCG binder / Home record	12/19/25	PCG will make sure to use a calendar reminder in her cp for future renewal and also write a notes for all documents need to renew 1 month before expiration and posted in the wall of reminders.
41(b)(8)	Lapse cannot be corrected	12/19/25	PCG will use a calendar, spreadsheet and notes alarm in her phone / laptop to identify requirements are due to prevent them from expiring. PCG will inform all the SCGs when requirements is due 2 weeks before due date.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/02/26

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 COFFH Certificate: Daisevie Reyes
(PLEASE PRINT)

CCFFH Address: 98-1456 Hooehoma Street Pearl City HI 96782
(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)	3 beds application for CG # 2 is approved placed in PCG Binder/Home record CG #3 is not eligible so was removed	01/09/26	PCG will ensure that all the SCG's documents and paper works is updated before applying to [redacted] by using a checklist on the frontpage on her binder for reminders. Using a calendar notes as well.
(3P)(a)(4)	PCG is already gathered all needed documents and paper works for SCG # 2 placed in PCG Binder for record. CG #3 was not eligible so was removed.	01/09/26	PCG will make sure that the required year of experience for SCG's meets all necessary documents and paper work by using a monthly calendar reminders before applying the SCG to [redacted] and approval before start to work.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 01/09/26

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: Daisenie Reyes
(PLEASE PRINT)

CCFFH Address: 98-1456 Hooehomma Street Pearl City HI 96782
(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?
50(a)	Form is already signed by CG#3 and CG#5 and placed in PCG binder for record	12/19/25	PCG will make sure to check everyday all needed documents that needs to signed by all SCG's. PCG will use a set up alarm in her CP and laptop and posted a notes in the wall of reminder before due dates of expiration.
54(c)(6)	Lapse cannot be corrected	12/19/25	PCG will make sure to do clients record of skilled Nursing/ADL's everyday and signed placed in client binder, setting up a notes, alarm in calendar using CP and laptop for reminders all the paperwork needed to be done.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 01/02/26

CTA has reviewed all corrected items