

Foster Family Home - Deficiency Report

Provider ID: 1-240089

Home Name: Dareen Pillos, CNA

Review ID: 1-240089-3

94-355 Oililua Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 9/5/2025

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: 9/05/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #2.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1)(2): No evidence present in CCFFH records of 2nd set of background checks were completed for CG#1. 2nd set was due by 6/17/2025.

Lapse of 2nd set of background checks for CG#2. 2nd set was due by 6/20/2025 and completed 8/10/2025.

No evidence present in CCFFH records of sex offender registry search completed for CG#2.

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 was completed for CG#2.

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

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

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#2.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training completed for CG#1. Training was due by 2/15/2025.

41.(f)(1): No evidence present in CCFFH records of current TB clearance for 2 minor household members.

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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 fire drills were conducted monthly. Last documented fire drill present in CCFFH records was dated 12/22/2024.

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.

47.(d)(1) By order of a physician;

Comment:

47.(c): No evidence present in client records of list of side effects of current medications for client #1.

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #2.

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 caregivers.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): CG#2 was not included in CCFFH's current general liability insurance.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

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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)(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;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #2. Service plan was due by 8/31/2025.

54.(c)(5): No evidence present in client records of daily documentation of medication administration for client #1 and client #2. Last documented date of administration of all medications was 8/15/2025 for client #1 and 8/31/2025 for client #2. No medication administrative record (MAR) available for month of 9/2025.

Discrepancy noted in Renvela order listed in MAR compared to MD order/medication label. MAR stated Renvela 2.4 G Powder take by mouth three times a day but order stated Renvela 800mg tablet take 2 tablets by mouth three times a day.

No listed times of administration when to administer medications listed for 3 medications for client #2.

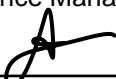
54.(c)(6): No evidence present in client records of daily documentation of skilled nursing checklist/ADLs for client #1 and client #2. No documentation noted since 8/26/2025 for client #1 and 8/31/2025 for client #2.

No evidence present in client records of RN or social worker monthly visits from client's case management agency for client #2. Last documented monthly visit dated 4/16/2025. CG#1 stated that case management did not visit client in 6/2025 and 8/2025.

54.(c)(8): No documentation present in CCFFH records of inventory of personal belongings for client #2.



Compliance Manager



Primary Care Giver

9/5/25

Date

9/5/25

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: Dareen Pillos
(PLEASE PRINT)

CCFFH Address: 94-355 Oililua Pl. 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)	Form 1147 for client #2 is placed on the client's record.	9/10/2025	Home will use chart audits to check all forms that has to be at the clients records need to be acquired from the CMA.
8.(a)(1)(2)	The fingerprints and sex offender registry check is obtained and filed it to the home record.	9/7/2025 9/9/2025	Home will use a wall calendar to put all due dates to make sure there's no lapses for every required forms to be done.
16.(b)(5)	PCG instructed SCG#2 with the confidentiality training and file it to home record.	9/5/2025	Home will make a check list for the forms all caregivers has to sign to prevent unseen important documents
41.(b)(4)	Disclosure form was made and signed, and file it to the home record.	9/5/2025	Home will use a checklist with the requirements of caregivers that has to be done and be filed together with each other caregivers documents.
41.(b)(8)	Bloodborne pathogen is obtained for CG#1 nd CG#2 and filed it to home record.	9/11/2025	Home made a list of the documents with the dates that has to be renewed 3 weeks before they due to prevent lapses.
41.(f)(1)	TB clearance for 2 minors is obtained and filed it to the home record.	9/11/2025	Home will make a wall calendar to put all due dates and appointed documents needs to renew 3 weeks before it expires.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/30/25

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: Dareen Pillos
(PLEASE PRINT)

CCFFH Address: 94-355 Oililua Pl. 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?
46.(a)	Fire drill is conducted and filed it to the home record.	9/6/2025	Home will set reminders on the home calendar for every month fire drill to be conducted.
47.(c)	Medication records list of side effects is corrected by clients CMA, Physician and PCG on clients Medication Administration Record	9/8/2025	PCG will make chart audits for the client medications to make sure all instruction from the doctor's order, list of medication from the MAR and the medicine itself are al the same.
47.(d)(1)	Bedside rail order is obtained from client#2 MD and CMA is notified.	9/8/2025	Home will make a checklist for admissions with the documents to be acquired from the CMA or client's MD and file it to client's record.
50.(a)	Internal emergency management is signed and filed to home record.	9/5/2025	PCG will make a checklist needed to be signed for every caregiver from home records to prevent unnoticed forms to be done.
51.(a)(1)	CG#2 is added to the General Liability Insurance and filed to the home record	9/8/2025	Home will set reminders from the home calendar with all the forms that has to be updated every time there's new change with caregivers
52.(a)(b)(c)	Budget record is updated and filed it to the home record	9/6/2025	Home will use a spreadsheet for the monthly expenses to provide a customized and visual way to track financial insights.
54.(c)(2)	PCG contacted CMA and received service plan for client#2 and filed it to client's record	9/10/2025	Home will use chart audits for the forms regarding client documents from the CMA during admissions and for the documents of clients needed to be updated.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/30/2025

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: Dareen Pillos
(PLEASE PRINT)

CCFFH Address: 94-355 Oililua Pl. Waipahu HI, 96797
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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)(5)	Daily medication administration is recorded for client#1 and client#2 and filed it to their records. PCG requested for updated MAR from CMA for client #2 and filed it to clients record.	9/8/2025	Home will make a checklist with all the medications of clients to make sure all the details from the medication itself is the same from the medication list that CMA provides. PCG will notify the CMA immediately for any changes of medication per doctors order.
	Renvela discrepancy is reported to the CMA and MD and has been updated.	9/16/2025	PCG will make a checklist with the clients medication to make sure everything is the same from the doctors order, from the clients MAR and the medicine itself.
54.(c)(6)	Client#1 and client#2 ADL's were updated and filed it to their records.	9/08/2025	Home will make a chart audits everyday for the ADL's of client's to prevent undocumented files regarding clients.
	RN monthly visit notes for client#2 is obtained and filed it to clients record.	9/10/2025	Home will make a chart audit for RN assessments shows that they provide monitoring and monthly visits.
54.(c)(8)	Personal belongings for client#2 is done, signed by PCG and client, and filed it to clients record.	9/08/2025	Home will make a checklist for every admissions for personal belongings to check if there is added or missing personal belongings of the client.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/30/2025

CTA has reviewed all corrected items