

# Foster Family Home - Deficiency Report

Provider ID: 1-220082

Home Name: Den Rivera, CNA

Review ID: 1-220082-7

99-564 Huakanu Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/11/2025

## 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: 8/11/2025).

CCFFH applied to increase to 3 client bed CCFFH.

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): Evidence of lapse present in CCFFH records of criminal background check for CG#4. Background check was due 3/30/2025 and completed 4/16/2025.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#3. APS/CAN clearance was due by 8/2/2025.

Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#4. APS/CAN clearance was due by 3/30/2025 and completed 4/24/2025.

## 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

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.(a)(2): No evidence present in CCFFH records of CNA prometric registry check for CG#1 and CG#4.

41.(b)(7): Evidence of lapse present in CCFFH records of TB clearance for CG#1. TB clearance was due by 8/26/2024 and completed 11/15/2024.

CTA unable to determine TB clearance date for CG#2. Documentation present in CCFFH records did not have date of TB screening documented on CG#4's TB clearance.

41.(e): CCFFH applied to increase to 3 client bed. CG#2, CG#3, and CG#4 not approved as 3 bed substitute caregivers.

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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/common area for client #1.

**3 Person Physical Environment**

**3 Person Physical Environment**

**(3P) Env.**

(3P)(a)(3) Env. the room must be at least 140 square feet

Comment:

(3P)(a)(3) Env: CCFFH applied to increase to 3 client bed CCFFH. Proposed bedroom measured at 120 sq ft.

Foster Family Home

Records

[11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): Discrepancy noted in client records of client #2's Pregabalin medication label/physician order compared to medication administrative record (MAR). Medication label/physician order on hand is Pregabalin 75 mg PO twice a day but MAR stated Pregabalin 50 mg PO twice a day.

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: TERRI VAN HOUTEN RN

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

PCG's Name on CCFFH Certificate: DEN RIVERA  
(PLEASE PRINT)

CCFFH Address: 99-564 HUAKANU STREET AIEA, HI. 96701  
(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)	1147 of client's record for client number 2 is obtained and it was placed into home records.	09/03/25	Home will use a wall calendar to put all due dates on. Required records will be check and done at least 1-2 months before due date to future lapses.
8.(a)(1)	Lapse cannot be corrected.	09/03/25	Home will use a wall calendar to put all due dates on. Background checks will be done at least 4-8 weeks before due date to prevent future lapses.
(a)(2)	APS/CAN was obtained for CG#3. It was placed into home records.	09/05/25	Home will use a wall calendar to put all due dates on. Background checks will be done at least 4-8 weeks before due dates to prevent future lapses.
41.(a)(2)	CNA prometric registration records for CG#1 and CG#2 was obtained and placed into home records.	09/09/25	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due 4 weeks before it is due.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 09/09/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

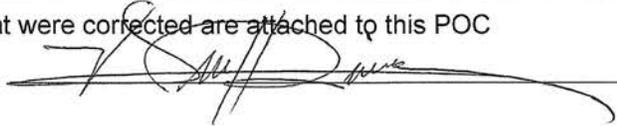
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Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: DEN RIVERA  
(PLEASE PRINT)

CCFFH Address: 99-564 HUAKANU STREET AIEA, HI. 96701  
(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)(7)	Lapse cannot be corrected.	09/09/25	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due 4-8 weeks before it is due.
	Date of TB screening on CG number 4 was obtained and it was placed into home records.	06/04/25	Home will double check the item if it is dated upon received the result prior to filing into records.
41(e)	Home has decided not to apply for increase client anymore.	09/14/25	CG#1 will make it sure to have a qualified substitute caregivers before applying for increase number of clients and have them put on records.
49.(b)(3)	Evidence of written consent/ acknowledgement signed by POA of using camera in client#1 bedroom was obtained and placed it into home records.	08/20/25	Home will use a spreadsheets, checklists, or chart audits to ensure that there will be a written consent form that will be presented to the family during admission.
3P (a)(3)	CG#1 has decided not to apply	09/14/25	CG#1 will make use a wall calendar

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 09/09/2025

CTA has reviewed all corrected items

CTA RN Compliance Manager: TERRI VAN HOUTEN RN

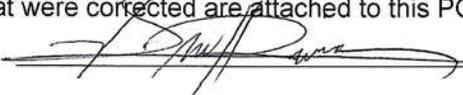
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
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PCG's Name on CCFFH Certificate: DEN RIVERA  
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54(c)(5)	Discrepancy of client's#2 record on his MAR was obtained and put into home records.	09/15/25	required size for a shared room and be complied to it before cta visits come.  CG#1 will look at all the medication administration records and bottlers to ensure they both match everytime before giving the meds.Home will immediately notify CMA, Pharmacy, and doctor if they are different.
54 (c)(8)	Inventory records for personal belongings on client #2 was done and put it into home records.	08/20/25	CG#1 and other caregivers will use a chart audits or checklist to ensure that the clients personal belongings will have an inventory upon home admissions.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 09/09/25

CTA has reviewed all corrected items