

Foster Family Home - Deficiency Report

Provider ID: 2-120004

Home Name: Estelle Leslie, CNA

Review ID: 2-120004-19

2506 Kilauea Avenue

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 10/1/2025

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: 10/01/2025).

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

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 present in CCFFH records of lapse of criminal background check for CG#1, CG#2, and CG#3. Background check was due by 11/01/2024 and completed 12/27/2024 for CG#1 and CG#3 and due by 2/24/2025 and completed by 9/03/2025 for CG#2.

No evidence present in CCFFH records of sex offender registry searches conducted for CG#1, CG#2, CG#3, and CG#4.

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1 and CG#3. Clearance was due by 11/01/2024 and completed 1/7/2025 for CG#1 and due by 2/24/2025 and completed 9/11/2025 for CG#2.

No evidence present in CCFFH records of current APS/CAN clearance for CG#3. Clearance was due by 11/04/2024.

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#4.

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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 conducted for CG#1, CG#2, and CG#4.

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#1, CG#3, and CG#4. TB clearance was due by 6/8/2025 for CG#1, 7/13/2025 for CG#3, and no previous TB clearance present for CG#4.

Current TB clearance for CG#2 was not signed by MD/APRN/DO/NP.

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 documentation present of 1 year work experience completed for CG#1 and CG#3.

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 nasal spray and inhaler medication administration for all caregivers.

No evidence present in client records of RN delegations given by client #1's case management agency for oral medication administration for CG#4.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;


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.(a)(1): No non-slip mat present in shower for clients' bathroom.

49.(b)(3): No evidence present in client records of written consent signed by clients' responsible party for use of monitor in common living area for client #1 and #2.


Compliance Manager


Primary Care Giver

10/1/25
Date
10/1/25
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: Estelle Leslie

(PLEASE PRINT)

CCFFH Address: 2506 Kilauea Ave, Hilo HI 96720

(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	Copy of mock 1147 obtained from CMA and filed in client's binder.	10/13/25	Home/CG#1 will use a wall calendar to put a reminder to obtain copy from CMA. Will also use a post it note on client's folder, to remind CMA for copy of 1147, even for private pay clients.
8.a.1	Conducted sex offender registry searches for CG#1, CG#2, and CG#3 printed/filed. CG#4 was removed as SCG on 5/1/25.	10/10/25	Home/CG#1 will use a wall calendar to put all due dates on. Registry search to be done at least 2 weeks before due date to prevent future lapse. CG#1 will make sure to file any employee forms immediately, such as add/remove SCG, to prevent mis-filing and confusion..
8.a.2	Lapse cannot be corrected for CG#1 and CG#2. CG#3 clearance completed 10/16/25	10/13/25	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent future lapse.
16.b.5	CG#4 signature obtained but was removed as SCG on 5/1/25	10/10/25	CG#1 will make sure to have all new employee sign upon completing all trainings, to prevent missed signatures and to ensure evidence that all employees are trained.
41.a.2	Conducted CNA prometric registry check for CG#1 and CG#2. CG#4 was removed as SCG on 5/1/25.	10/10/25	Home created a separate binder with checklist of requirements and due dates for each employee to prevent any missed requirements. CG#1 will make sure to file any employee forms immediately, such as add/remove SCG, to prevent mis-filing and confusion..
41.b.7	Current TB record for CG#1 done 5/21/25 copy obtained/filed. Lapse cannot be corrected for CG#2 and CG#3, completed 10/3/25 and 10/9/25 copies obtained/filed. CG#4 was removed as SCG on 5/1/25.	10/9/25	Home will use a spreadsheet to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when a requirement is due one month before its is due. CG#1 will make sure to file any employee forms immediately, such as add/remove SCG, to prevent mis-filing and confusion..
3P.a.4	Job experience for CG#1 and CG#3 obtained/filed	10/10/25	Home created a separate binder with checklist of requirements and due dates, if applicable, for each employee to prevent missed requirements.
43.c.3	RN delegation provided to all caregivers on 10/24/25.	10/24/25	Home will notify client's CMA that RN delegation needs to be done within 7 days of a caregiver being added to the home; and if new (nasal/inhaler) medication is prescribed to a client. CG#1 will make sure to file any employee forms immediately, such as add/remove SCG, to prevent mis-filing and confusion..
49.a.1	Replaced old non-slip shower mat	10/10/25	PCG#1 will ensure to have a replacement of non-slip mat before discarding old one, to always keep shower safe and prevent any accidents.
49.b.3	Located consent for client #1 and client#2	10/10/25	PCG#1 will include written consent form (for monitor use in common living area) in packet for all new clients and will make sure it is filed immediately in clients records, to prevent misfiles.

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 10/30/2025

CTA has reviewed all corrected items