

# Foster Family Home - Deficiency Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-19

94-288 Kahuanani Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/20/2025

## 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: 11/20/2025).

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

## 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;

Comment:

8.(a)(1): No evidence present in CCFFH records of current criminal background check for HHM#2 and HHM#3.

No evidence present in CCFFH records of sex offender registry search for HHM#3.

## 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#3, HHM#2, and HHM#3.

# Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

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- 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).

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

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- 41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

- 41.(a)(2): No evidence present in CCFFH records of CNA Prometric Registry check were completed for CG#1 and CG#2.
- 41.(b)(4): No evidence present in CCFFH records of primary caregiver disclosure form updated with new household members moved into CCFFH.
- 41.(b)(8): No evidence present in CCFFH records of first aid training completed for CG#2.
- 41.(f)(1): CTA unable to verify when TB clearance completed for HHM#2 due to no date documented of clearance.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 all tasks for CG#2.
- No documentation present of any RN delegations given by client #2's case management agency to any caregivers.

Foster Family Home	Fire Safety	[11-800-46]
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- 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 conducted in months of 12/2024 and 3/2025.

Foster Family Home	Client Rights	[11-800-53]
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- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

- 53.(B)(9): Belongings that did not belong to client #1 found in bedroom closet.

Foster Family Home	Records	[11-800-54]
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- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

- 54.(c)(2): No evidence present in client records of current service plan for client #2. Service plan due by 9/30/2025.

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

  
 \_\_\_\_\_  
 Date

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

  
 \_\_\_\_\_  
 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: Feby A. Josue

(PLEASE PRINT)

CCFFH Address: 94-288 Kahuanani 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)	1147 for client #2 has been obtained by the CM.	11/21/25	I must notify CM to update 1147 1 mo. prior to expiration and I will use spreadsheets to remind CM to prevent further citations
8.(a)(1)	Criminal background check for HHM#2 & #3 cannot be corrected. Done both	11/26/25 12/9/25	As a PCG, I will set a reminder on the calendar to remind me for any updating requirements to prevent any further citation.
16.(b)(5)	Adult household members training has been completed for SCG#3, HHM#2 and HHM#3.	11/21/25	I will use a spreadsheet to ensure all SCGs and HHMs to get required training.
41.(a)(2)	CNA Prometric Registry has been established for CG#1 and SCG#2.	11/25/25	From now on, I will use a spreadsheet to make sure that all requirements are done every year to prevent from happening again.
41.(b)(4)	Disclosure forms for new HHMs#2 and #3 has been completed and copies are sent to [REDACTED]	12/10/25	As of today, I will make sure to provide and collect all documentation for any newly HHMs that are moving in. I will use a checklist to ensure all documents are provided and updated to prevent any citation.

 All items that were corrected are attached to this POCPCG's Signature: Feby A. JosueDate: 12/15/25 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**

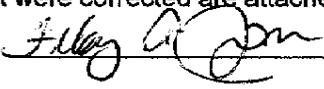
PCG's Name on CCFFH Certificate: Feby A. Josue

(PLEASE PRINT)

CCFFH Address: 94-288 Kahuanani Place, 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?
41(b)(8)	First Aid training for SCG#2 has been completed.	11/20/25	From now on, I will use a checklist for any expiring documents to prevent any further citation.
41(f)(1)	TB clearance for HHM#2 has been completed and dated with their PCP	11/24/25	I will use a checklist to ensure all required document are done in a timely manner.
43(c)(3)	RN delagation for client #1, task for CG#2 has been completed and place in the client folder.	12/01/25	I will notify CMA when it's time to delagate SCGs 1 month prior to expiration. I will use a spreadsheet as a reminder for any expiring documents to prevent any citations.
46.(a)	Fire drill has been misplaced but found them and place in the fire drill folder.	11/22/25	I will use a calendar as to remind me to conduct a fire drill from month to month basis.
54.(c)(2)	Service Plan for client #2 has been updated and obtained.	11/22/25	From now on, I will remind CMA to review and update S/P one month prior to expiration. I will use a calendar to remind CM to update all required documents to prevent any further citations.

 All items that were corrected are attached to this POCPCG's Signature: Date: 12/15/25 CTA has reviewed all corrected items