

# Foster Family Home - Deficiency Report

Provider ID: 2-160009

Home Name: Florabel Dalmacio, CNA

Review ID: 2-160009-16

15-1987 32nd Avenue

Reviewer: Maribel Nakamine

Kea'au

HI 96749

Begin Date: 11/24/2025

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/24/25).

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

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

Comment:

8.(a)(2)- CG#1's APS/CAN lapsed 6/15/25 and was not renewed until 6/23/25. CG#3's APS/CAN lapsed on 6/15/25 & was not renewed until 6/23/25. CG#4's APS/CAN lapsed on 6/15/25 and was not renewed until 10/3/25.

## Foster Family Home 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- CCFFH without a nighttime fire drill; CG#2 last conducted a monthly fire drill on 3/2024; CG#3's last fire drill was on 9/17/24; and CG#4's last monthly fire drill conducted was on 12/21/23.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) - CCFFH with use of propane gas stove in an enclosed garage - a 20 lbs tank was situated underneath the sink/cabinet hooked to a full stove with oven. Safety violation due to fire hazard. CTA compliance manager unsure if it's a housing/building code violation.

This violation needs to be corrected immediately. A written plan of correction is due by the next business day (11/25/25).

# 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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(a)- CG#2, CG#3, and CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e)- The CCFFH with a locked gate. No method of communication present such as a gate buzzer/bell for agency/cies to have quick access to the CCFFH.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plan dated 4/28/25 without the POA's signature.

*Maubel Nakamine RN* 11/24/25

Compliance Manager

*[Signature]*

Primary Care Giver

Date:

11/24/25

Date

CTA RN Compliance Manager: MARIBEL TAKAMIDE, RN

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

PCG's Name on CCFFH Certificate: DALMATIO ADULT FOSTER HOME  
(PLEASE PRINT)

CCFFH Address: 151987 32ND AVE KENAI, HI 90749  
(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.b.2	each caregivers will conduct fire drill alternately	12-23-25	CG #2, #3, #4 will alternately conduct a night time. Will make a list of schedule who will conduct every month
8.a.2	CG's Application renewed later can't be contacted	12-23-25	will make a note to check all documents, in front of the binder
5.a	all caregivers signatures were completed keep in binder. Caregivers were trained.		Will make a checklist or a note <del>and</del> if SOB is updated.
50.e	Buzzer was installed for easy access to home		Buzzer will always in place.
54.e	service plan was signed by POC.		PCG contacts case manager on month SP due to follow up that SP sent to POC for signature and PCG receives signed copy of SP client keep in binder.

All items that were corrected are attached to this POC

PCG's Signature: FMDALMATIO

Date: 3-3-26

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: DAHMARUO ADULT FOSTER HOME  
(PLEASE PRINT)

CCFFH Address: 15-1987 32ND ave, Keanu, HI 90749  
(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?
49(b)(3)	Propane gas tank was removed from the oven.	12-9-28	<p>We are using the electric stove/oven inside the house kitchen that had been installed and in good condition. And was checked by Maribel Nakamine, RN during her visit.</p> <p>The plan to install safer propane is pending at this time as we are using the electric stove.</p>

All items that were corrected are attached to this POC

PCG's Signature: *Fundamental*

Date: 12-9-28

CTA has reviewed all corrected items