

# Foster Family Home - Deficiency Report

Provider ID: 1-090105

Home Name: Florence B.G. Udani, CNA

Review ID: 1-090105-19

1139 Ukana Street

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 2/20/2026

## 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 3-bed recertification inspection.

Deficiency Report emailed on 2/25/26 with plan of correction due to CTA within 10 business days of issuance (issued on 2/25/26).

6.d.1- Client #1 without a current 1147 document present in client's chart.

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

41.(a)(2) Be a NA, an LPN, or RN;

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).

Comment:

41.(a)(2)- CG#1's Prometric Registry Check expired on 10/31/25.

41.(b)(4)- CG#1's Primary Caregiver Disclosure form was not updated to reflect current number of household members.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- CCFH's monthly fire drills conducted were without time (am/pm) indicated on drill forms.

## 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) Use of physical or chemical restraints shall be:

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

Comment:

47.(c)- Client #1 without a list of medications' side effects.

47.(d), (d)(1)- Client #1 with use of full bedrails. No MD order can be found in client's chart/records.

# Foster Family Home - Deficiency Report

**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) - Clutters were noted at the start of CCFFH's inspection/survey of home. Dining table with scattered papers/charts and another desk table near the kitchen table was cluttered with papers/documents.

**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)- CG#2 and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

**Foster Family Home      Insurance Requirements      [11-800-51]**

51.(a)(2)      Automobile; and

Comment:

51.(a)- CCFFH without a current car insurance policy copy present in binder/chart.

**Foster Family Home      Client Rights      [11-800-53]**

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;

53.(b)(16)      Shall not have dietary restrictions used as punishment; and

Comment:

53.(b)(9)- Clients bedrooms with use of video surveillance camera/system; no evidence that consents were obtained from Clients/POAs.

53.(b)(9)- Client #3's bedroom door knob without a lock from the inside. Clients' bathroom doorknob also without a lock from the inside. Per My Choice My Way, clients have to be able to lock door for privacy.

53.(b)(16)- CCFFH without any food/snack items inside clients' refrigerator downstairs. Per CG#1, another refrigerator was located upstairs that contained clients' food items and clients were unable to have access.

**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;

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;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP dated 10/1/25 without the client/POA's signature. Client #3's dated 8/25/25 without the client's signature.

54.(c)(6)- No RN Monthly Visit Summary present for December 2025 in Client #1's chart.

*Marilyn Nakamine RN*

Compliance Manager

*Hyeonmi Ubbani*

Primary Care Giver

*2/25/26*

Date

*2/25/2026*

Date

CTA RN Compliance Manager: Deborah Baumgart

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

PCG's Name on CCFFH Certificate: Florence B G Udani  
(PLEASE PRINT)

CCFFH Address: 1139 Ukana St. Honolulu Hawaii 96818  
(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)	Client#1 current 1147 document obtained and filed in clients chart	2/27/26	PCG will notify CMA that client 1147 is needed. Will use calendar checklist or phone reminder and Notify 1month before expiration date
41(a)(2)	CG#1 prometric check obtained and file to CCFFH binder	2/27/26	CCFFH will ensure all CG's are all legally registered and certified. And will used calendar reminder 1-2 months prior to expiration
41(b)(4)	CG#1 disclosure form been updated signed and dated 1/20/26 and placed in CCFFH binder	2/27/26	CG#1 will scan and double check the CCFFH book atleast once a month and update disclosure form if there is any changes in the CG's information
(3P)(b)(2) Staff	Monthly fire drill been updated Am/Pm indicated	2/27/26	CG's will ensure to put the correct time and indicate am/pm when doing the fire drill
47(c)	Client#1 list of medications side effect obtained and place in clients chart	2/27/26	CCFFH will notify or request to CMA or pharmacy for list of medications side effect in each medication of clients
47(d),(d)(1)	Client#1 MD order for used of Four rail bed obtained and dated 2/26/26 and file in clients chart	2/27/26	CG will notify MD that client needs order for Four rail bed prior to installing four rail bed to prevent fall

All items that were corrected are attached to this POC

PCG's Signature: Florence Udani

Date: 2/27/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Deborah Baumgart

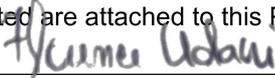
Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction (POC)  
 Chapter 11-800

PCG's Name on CCFFH Certificate: Florence B G Udani  
 (PLEASE PRINT)

CCFFH Address: 1139 Ukana St Honolulu Hawaii 96818  
 (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(c)(3)	House been decluttered tables are cleared and paper been filed and chart been placed in the CCFFH cabinet	2/26/26	PCG will follow daily cleaning schedule And all files/chart are organized and inplaced
50(a)	CG#2 & #4 were provided Emergency Preparedness Plan Training and signed	2/26/26	PCG will make checklist for all requirements needed for all CG's and HHM and will be completed before rendering care to clients
51(a)(2)	CCFFH current car insurance policy obtained and placed in CCFFH binder	2/26/26	PCG will review all the necessary documents on the CCFFH binder and ensure that documentation is not missing and filed properly
53(b)(9)	Client POA or family consent to use of video surveillance camera obtained and signed	2/26/26	PCG will notify family or POA to obtain written consent as proof of agreement w/plan of care prior to initiating safety measures
53(b)(9)	Client#3 doornob and bathroom doornob been changed with privacy lock w/c can be lock and unlock from the interior room	2/26/26	PCG will review CTA/HAR rules regardin requirements of physical environment of CCFFH and correct any deficiency noted monthly
53(b)(16)	Client refrigerator filled w/ food client can eat anytime and eat what ever they like to eat and drink with no restriction	2/26/26	PCG will ensure clients had access to food, right food and drinks at all times

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/27/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Deborah Baumgart

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

PCG's Name on CCFFH Certificate: Florence B G Udani  
(PLEASE PRINT)

CCFFH Address: 1139 Ukana St Honolulu Hawaii 96818  
(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?
54(c)(2)	Client#1 service plan/HAP been signed by the POA/family dated 2/26/26 and client#3 signed and dated 2/26/26	2/27/26	Service plan should always be signed upon admission or annually by all parties concern And will used Callendar reminder or phone reminde Prior to expiration date
54(c)(6)	Client#1 December 2025 monthly visit obtained and filed in clients chart	2/27/26	CCFFH will always request from the visiting RN for monthly summary visit form and filed in clients binder in timely manner

All items that were corrected are attached to this POC

PCG's Signature: *Florence Udani*

Date: 2/27/26

CTA has reviewed all corrected items