

Foster Family Home - Deficiency Report

Provider ID: 1-170096

Home Name: Florida Repuya, CNA

Review ID: 1-170096-14

94-230 Kahulio Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/5/2025

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: 11/5/2025).

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

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric Registry check for CG#1 and CG#3.

41.(b)(8): No evidence present in CCFFH records of CPR/First Aid and bloodborne pathogen training for CG#2.

41.(c): No evidence present in CCFFH records of minimum 12 hours of annual in-service training was met in 2023 for CG#1.

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 #2's case management agency for oral, subcutaneous, nasal, suppository, nebulizer, and eye medication administration and blood sugar monitoring for CG#2.

Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1): No evidence present in client records of physician order of use of bed side rails for client #1.

Foster Family Home - Deficiency Report

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;

Comment:

49.(a)(1): No nonslip surface/mat found available in client bathroom.

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)(5) Medication schedule checklist;

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No service plan present in client records for client #1.

Discrepancy noted in client #2's service plan compared to services addressed. Service plan did not address client had been receiving hospice service.

54.(c)(5): Discrepancy on medication onhand compared to medication instructions on medication administration record (MAR) for client #1. Levonthyroxine order is 75mg PO daily but on hand supply is 100mg.

54.(c)(5)(6): No daily documentation present in client charts for all medication administration and ADL/skilled nursing flowsheets for client #1 and client #2. Last documented medication and ADLs dated 10/13/2025 for client #1 and 10/24/2025 for client #2.

No evidence present in client records of RN/SW monthly visits by client #2's case management agency from 06/2025 to 10/2025.

54.(c)(8): No documentation present in client records of inventory of client #1's personal belongings.



Compliance Manager



Primary Care Giver

11/5/25
Date
11/5/25
Date

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

PCG's Name on CCFFH Certificate: Florida Repuya

(PLEASE PRINT)

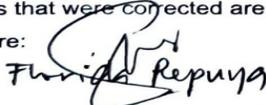
CCFFH Address: 94-230 Kahulio Place, Waipahu, HI, 96797

(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?
41.9.2	Registry check for CG #1 and CG #2 was obtained. CG#3 no Prometric Registry is required, only [redacted] Approval obtained	11/22/2025 12/02/2025 02/26/2025	Ensure every Caregiver's registry check is completed and documented before the first day of work and track due dates with a phone calendar and reminder notifications
41.b.8	CPR/First Aid and bloodborne pathogen training for CG #2	07/25/2024 11/20/2025 01/01/2025 11/29/2025	Schedule all CPR/First Aid and bloodborne pathogen training in advance and track due dates every month using my phone calendar, and reminder notifications.
41.c	Records of minimum 12 hours of annual in-service training obtained in 2023 for CG#1	01/14/2023 05/16/2023 05/18/2023 08/08/2023	For each Class taken and each certificate gained will be added to a yearly spreadsheet to add up and ensure that 12-hrs of annual in-service is reached. Files for Care home and clients will be separated into binders. Different files for different Caregivers will be added into the same binder, but separated with binder dividers.
43.c.3	RN Delegations for CG#2 given by client #2 case management agency for oral, subcutaneous, nasal, suppository, nebulizer, and eye administration, and blood sugar monitoring	1/29/2026	Pt. RN Delegations will be acquired from CG's before they are allowed to work with patients or obtained within one week of a new client into the facility. Reminders Will be set through a wall calendar.
47.d.1	Obtained a written order from client's PCP	1/31/2026	Primary caregiver must use checklist to ensure MD's order is in place prior to using side rails
49.a.1	Nonslip surface/mat provided	11/05/2025	Nonslip surfaces/mats will be used by home and rooms will be noted for client use, depending on whether they have

X All items that were corrected are attached to this POC

PCG's Signature:


Florida Repuya

Date: 1/31/2026

X CTA has reviewed all corrected items

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)**

Chapter 11-800

PCG's Name on CCFFH Certificate: Florida Repuya

(PLEASE PRINT)

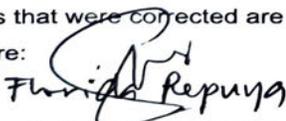
CCFFH Address: 94-230 Kahulio Place, Waipahu, HI, 96797

(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?
54.c.2	Service plan for client #1 was added to his records.	11/10/2025	nonslip surfaces/mats safe for client use. A checklist will be used by home to ensure all needed materials such as the nonslip mats are acquired before the client is admitted.
	Discrepancy noted in client #2 service plans with hospice services were updated.	11/10/2025	A wall calendar will be marked to get updated service plans for clients at most 2 days after they are updated.
54.c.5	Medication was refilled on 11/07/2025. Correct dose of medication was administered to the client (Levothyroxine 75 mg). Confirm the medication details (right patient, right drug, right dose, right route, and right time) before administration.	11/07/2025	CG's should always check that the medication bottles, physician's orders, and the Medication Administration Record (MAR) all match before administering any medication. Notify the client's family when medication is running low - ideally when there is 1-2 weeks' supply left; this allows sufficient time to arrange for refills and prevents missed doses.
54.c.5.6	Daily charts of all medication administration and ADL/Skilled nursing flowsheet for client #1 and client #2 are updated and current.	11/06/2025	Monthly visits for clients will be put on the calendar of home, notes will be added to have all notes signed and dated by visiting RN's.
54.c.8	Records of monthly visits of RN/SW for client #2 is updated from June to October 2025	06/27/2025 07/24/2025 08/20/2025 11/08/2025 09/23/2025 10/18/2025	A reminder will be set on the phone daily to write down times of Medication administration. Skilled nursing flow sheets will be added to binder with a color coded divider and organized based on date taken.
54.c.8	Client #1 record of personal belongings added to client records.	12/02/2025	A Checklist will be used by home to ensure all files of new clients are accounted for and all personal belongings are still with the client.

All items that were corrected are attached to this POC

PCG's Signature:



Date: 1/31/2026

CTA has reviewed all corrected items