

Foster Family Home - Deficiency Report

Provider ID: 2-180000

Home Name: Imelda Atkins, CNA

Review ID: 2-180000-16

20 East Kawaihani Street

Reviewer: Po Lim

Hilo HI 96720

Begin Date: 10/30/2025

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Fingerprint was overdue for CG#6 and HHM#1.

CG#6 Two sets of Fingerprint was not present in the CCFFH file.

Second Fingerprint check is overdue for HHM#1, was due on/before 12/6/2018.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#6.

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

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.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#6. CG#6 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

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3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#4 did not conduct a fire drill in the past 12 months. Last drill conduct was in 9/2024.



10/30/2025
10/30/25

CTA RN Compliance Manager: [REDACTED] -- PO LIM, RN

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

PCG's Name on CCFFH Certificate: Imelda Cabais Atkins (PLEASE PRINT)

CCFFH Address: 20 East Kawallani Street, Hilo Hawaii 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)	Completed all item listed on deficiency report and submitted written plan of corrections and required documents to [REDACTED] by the required deadline.	11/15/25	Schedule audit monthly and write on the calendar written on sticky notes to audit and review required documents to ensure compliance with all chapter 11-800 requirements, complete.
8. (a)(1)	Lapse cannot be corrected	11/5/2025	Home understands the background check requirements. Home will use calendar on iPhone or write it in a stick it to be placed on refrigerator door to input all due dates to prevent lapses.
16. (b)(5)	CG#6 and HHM received confidentiality training and signed the form. Home place the form in the administrative binder.	11/1/2025	In the future all new caregivers and household members will receive training as soon as they are added to the home.
41.(c)	CG#6 Appointment for in-service training.	11/2/25	I will make a note and reminder schedule to my calendar and arrange appointment three weeks prior to the expiration date for myself and other caregivers to complete their 12 hours yearly in service training to prevent future lapses.
6.(a)(1)	CG#6 & HHM#1 Fingerprint done	11/5/25 11/11/25	Will make note on my calendar

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 2/26/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: § [REDACTED] PO LIM, RN

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

PCG's Name on CCFFH Certificate: Imelda Cabais Atkins (PLEASE PRINT)

CCFFH Address: 20 East kawaiiani Street, Hilo Hawaii 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?
(3P)(b)(1) (2)(4)(6)	Conducted fire drills	11/2/2025	Lapsed cannot be corrected. Schedule every caregiver and make a note on the calendar to prevent lapses to do fire drill that will be conducted every caregiver once a year that include testing smoke alarms at various time of day include morning, afternoon and night. CG#4 completed fire drill and file to home binder.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/26/26

CTA has reviewed all corrected items