

# Foster Family Home - Deficiency Report

Provider ID: 1-240102

Home Name: Irene Calip, CNA

Review ID: 1-240102-3

94-1277 Hiapaiolo Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/4/2025

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/4/2025 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;

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

Comment:

8.(a)(1) Sex Offender check are not present for CG#2, #3, #4, #5, and #6.

8(a)(2) APS/CAN checks were overdue for CG#1.

APS/CAN was due on or before 10/25/2025 and is not present in the CCFFH file.

# Foster Family Home - Deficiency Report

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).
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1.

41.b.4 No disclosure form present for CG#2, #3, #4, and #6.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#6. CG#6 TB clearance was not signed by a provider (MD, DO, PA, ARNP)

41.(b)(8) CCFFH did not have evidence of current First Aid training for CG#2. It was not present in the file. CG#2, #3, and #4 Bloodborne Pathogen/Infection control were expired on or before 11/1/2025. CG#6 Bloodborne Pathogen/Infection control was not present in the file.

Foster Family Home


Fiscal Requirements


[11-800-52]

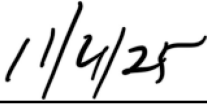
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

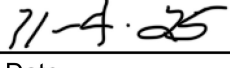
Comment:

52.(b) - No fiscal records present for 2025.

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Po Lim, RN

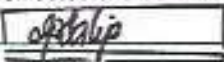
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Irene Calip  
(PLEASE PRINT)

CCFFH Address: 94-1277 Hiapaiolo Place, Waipahu Hawaii 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?
8(a)(1)	Obtain Sex Offender report for CG#2, #3, #4, #5 & #6 and placed in the home record. (copy attached)	01/10/26	Added into the CG requirement checklist.
8(a)(2)	APS/CAN report for CG#1 was obtained and placed copy in the home record (see copy).	01/10/26	Home to create spreadsheet of all CG's names, documents & expiration dates. Posted on the wall where it's visible to monitor dates and remind CG to renew at least 1month prior to expire.
41(a)(2)	Prometric registry has been verified. Printed verification been placed in the home record. (see attached copy)	01/10/26	As the PCG, I will add Prometric Registry into the list of requirements to become SCG.
41(b)(4)	Disclosure form have been secured and placed into the home records for SCG#2, #3, #4 and #6. See attached copy for verification.	01/10/26	Added into the SCG checklist to make sure they are pulled and reviewed with the SCG prior to working.
41(b)(7)	Singed TB clearance evidence for SCG #6 has been secured and placed into the home record. (see attached copy)	01/10/26	Added into the required SCG checklist to complete prior to working.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/28/26

CTA has reviewed all corrected items

CIA RN Compliance Manager: PO LIM, RN

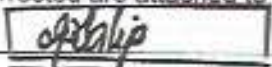
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Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Irene Calip  
(PLEASE PRINT)

CCFFH Address: 94-1277 Hiapaiole Place, Waipahu Hawaii 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 secured. Bloodborne Pathogen and Infection Control for SCG #2, #3 and #4 have been renewed. Secured for SCG #6. They all placed in the Hom record. (See attached copy)	01/10/26	Home to add this on the SCG requirement checklist to complete prior to working.
52(b)	2025 Fiscal Financial Record was generated and placed in the home record. (see attached copy)	01/10/26	Home to add requirement into the home checklist to complete.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/28/26

CTA has reviewed all corrected items