

Foster Family Home - Deficiency Report

Provider ID: 1-120029

Home Name: Jociel Yang, CNA

Review ID: 1-120029-21

99-137 Ohekani Loop

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 11/6/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/6/25.

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) - Sex Offender checks not done for all CG's and HHM's.

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

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

Comment:

41.(b)(4) - No SCG Disclosure form present for CG #2 and CG #5.

41.(b)(7) - No current TB clearance present for CG #1, CG #2, and CG #3.

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.

Comment:


46.(a) - No Fire Drills performed by all CGs since opening ccfh last April 2025.

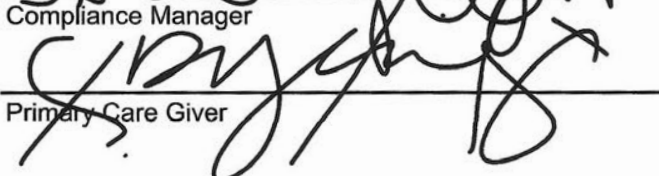
Foster Family Home Records [11-800-54]

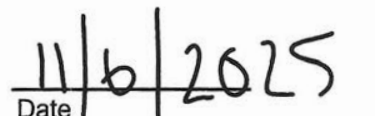
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

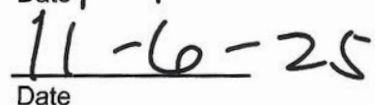
Comment:

54.(c)(6) - RN monthly visit sheet for 10/2025 not present in the charts of client #1 and client #2.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: David Ayling

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

PCG's Name on CCFFH Certificate: Jociel Yang

(PLEASE PRINT)

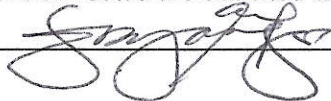
CCFFH Address: 99-137 Ohekani Loop, Aiea, HI, 96701

(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)	Sex Offenders Registry for all SCG and HHM's was created during the visit. RN Manager helped me to place it on the CTA Binder.	11/06/25	I will include the Sex Offenders Registry to my checklist so make sure that every one in the household and SCG will have it.
41.(b)(4)	Disclosure form for CG #2 and CG #5 was created and signed by the SCG during the visit and is placed at the binder.	11/06/25	I will check the table of contents also will create a checklist to guide me when having a new SCG.
41.(b)(7)	TB clearance for CG# 1, was placed on the binder	CG#1-11/06/25 CG#2-11/10/25 CG#3-11/07/25	Dates for the TB clearance was listed to my phone calendar and will alert me when is due. I also wrote it on the separate note/calendar the expiration dates of each documents of CG's.
46.(a)	Fire drills can not be corrected.	11/06/25	Every month, I will assign each CG to perform a Fire drill on a random date/time. This will be noted on to the monthly "TO DO" list.
54.(c)(6)	RN Visit sheet for client#1 and client#2 dated 10/2025 is already provided by the CM and	11/10/25	Will remind the RN to complete the assessment each time or within 24 hours. Follow-up in a week.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

11-15-2025

CTA has reviewed all corrected items