

# Foster Family Home - Deficiency Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

Review ID: 1-563123-20

94-1022 Kaloli Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/21/2025

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

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

Comment:

(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/21/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#6. CG#6 TB clearance was not reported on the standard TB form.

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

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

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

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and included each CG at least once per year.

CG#3 did not conduct a fire drill in the past 12 months.

CCFFH did not conduct a fire drill for October 2025.

## 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;

Comment:

54(c)(2) No current signature of POA for service plan present for Client#3.

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: JOLLY OROZCO

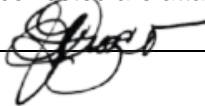
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CCFFH Address: 94-1022 KALOLI LOOP WAIPAHI HI 96797

(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?  |
|-------------|---|-------------------------------|--|
| 6. (d)(1)   | Home reviewed all applicable CCFFH requirements and ensured that all required documents and corrections were completed and submitted within the required timeframe. | 11/21/2025                    | Home will set reminders and will make sure documents are signed.   |
| 41.(b)(7)   | TB clearance evidence was done and kept in the home binder.   | 12/14/2025                    | Home will use spreadsheet on the wall where it will be visible to monitor expiration dates. Remind caregiver 1 month to renew before document expires.   |
| (3P)(b)(1)  | Lapse cannot be fixed.<br>Fire safety must be conducted monthly.  | 11/21/2025                    | Home will set calendar reminders that fire drill must be done monthly.   |
| (3P)(b)(6)  | Fire safety drill done at least once per year, no missed or lapse.  | 11/21/2025                    | Home will make sure that all caregivers will perform the drill yearly and have a calendar schedule to avoid future violations.   |
| 54.(c)(2)   | The current service plan for client #3 was reviewed, and the required POA signature was obtained and placed in the client's record.                                 | 12/07/25                      | Home will make a checklist of all documents that require signature and place in front of the client's binder where it's visible. Follow up with client's CMA and remind them that current service plan needs to be updated and signed. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/27/2026

CTA has reviewed all corrected items