

Foster Family Home - Deficiency Report

Provider ID: 1-200058

Home Name: Kimberly Mercado, CNA

Review ID: 1-200058-13

1596 Kaweloka Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/11/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/11/25).

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

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

Comment:

41.(b)(8)- CG#2 and CG#3's blood borne and infection control certificates were invalid. Date of in-service did not match effective date of certificates.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CCFFH's Sign In/Out without the CG#2 and CG#3's(Nurse Aide-NA) (SCGs) names and time in/out recorded. CTA unable to determine if CG#1 (PCG) was utilizing NA's properly.

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

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

Comment:

(3P)(b)(2)Fire- CCFFH monthly fire drills without time variations- no evidence of nighttime fire drill conducted.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's auto policy insurance did not meet the minimum required amount coverage for bodily injury.



Compliance Manager



Primary Care Giver

RW 12/11/25

Date

12/11/25

Date

CTA RN Compliance Manager: ~~Attn: Susan Young~~ MARIBEL NAKAMINE

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

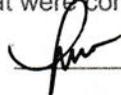
PCG's Name on CCFFH Certificate: Kimberly Mercado
(PLEASE PRINT)

CCFFH Address: 1596 Kaweloka St. Pearl City Hawaii 96782
(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)	Contact the attending in charge and was corrected place it to binder.	1/2/2026	PCG will look at the certificates to see if it looks good. If it looks like it was changed or something, PCG will ask [REDACTED]
(3P) (b)(2)	Primary Caregiver utilize CNA and NA's properly by time in and time out CNA and NA's.	12/31/2026	Primary Caregiver assure that sign in and out must fill up date and time of caregiving and nurse aide not to exceed five hours per day or no more than 28 hours in calendar in a week. By following staffing schedule for substitute caregiver.
3(P)(b)(2)	Primary caregiver binder trained all caregivers to practice AM, PM, or NOC different times each month.	1/2/2026	Home will use procedures requirements of conducting fire drill different times each month by using wall calendar & check the previous month day and time to verify the time differences of fire drill monthly. Must have AM, PM, EVENING, NOC for 12 months period.
51.(a)(2)	Primary caregiver change to minimum requirements amounts.	12/12/2025	Home will use Hawaii Administration Rules (HAR) requirements to assure all are meets the minimum amount required.

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All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/12/2020

CTA has reviewed all corrected items

101821 S. Young