

Foster Family Home - Deficiency Report

Provider ID: 1-220095

Home Name: Kiszle Ann Ulandez, CNA

Review ID: 1-220095-7

94-706 Kaaoki Place

Reviewer: Ryan Nakamura

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/4/2025).

CCFFH applied to increase to 3 client bed CCFFH.

Foster Family Home

Personnel and Staffing

[11-800-41]

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7): Evidence present in CCFFH records of lapse of TB clearance for CG#8. TB clearance was due by 4/08/2025 and completed 8/25/2025.

41.(g): No evidence present in client records of basic caregiver skills were checked by client #1 or #2's case management agency for CG#8.

41.(e): CCFFH applied to increase to 3 client bed CCFFH. CG#4 not approved as a 3-bed substitute caregiver.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: CCFFH applied to increase to 3 client bed CCFFH. No evidence present in CCFFH records of minimum 1 year work experience for CG#4.

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Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(3)

Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations given by client #1 and client #2's case management agency for CG#8.

Foster Family Home

Fire Safety

[11-800-46]

46.(b)(2)

All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#6 and CG#7 conducted a fire drill in the past year.

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;

54.(c)(5)

Medication schedule checklist;

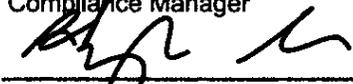
Comment:

54.(c)(2): No evidence present in CCFFH records of client/client's representative's signature on current service plan dated 7/23/2025 for client #1.

54.(c)(5): Discrepancy noted in client #2's Carvedilol instructions on medication administrative record compared to physician order/medication label. MAR stated Carvedilol 6.25mg 2 tablets PO twice a day but physician order stated 6.25mg 1 tablet PO twice a day.



Compliance Manager



Primary Care Giver

11/4/25

Date

11/4/25

Date

CTA RN Compliance Manager: Ryan Nakamura, RN

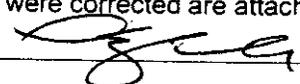
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Kiszle Ullandez
(PLEASE PRINT)

CCFFH Address: 94-706 Kaaoki Place, Waipahu 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?
41.(b)(7)	Lapse cannot be corrected.	08/25/25	Home will use a wall calendar to put all due dates on. All requirements will be done at least 6weeks before due date to prevent future lapses.
41.(e)	Basic skills training was performed on 11/07/25 by CMA. Documents has been signed and filed in clients folder.	11/07/25	PCG will ensure that everyone providing care with clients (caregivers and household members) will be delegated and trained by the CMA. PCG will use a check list to make sure that everyone providing care has been delegated and trained.
41.(g)	Required documents for 3rd client application for NA Substitute Caregiver sent on 11/14/25.	11/14/25	Will read requirements thoroughly to ensure that documents/applications are processed in a timely manner.
(3P)(a) (4) Staff	Required documents for 3rd clight application for NA Substitute Caregiver sent on 11/14/25.	11/14/25	Will read requirements thoroughly to ensure that documents/applications are processed in a timely manner.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1-8-26

CTA has reviewed all corrected items

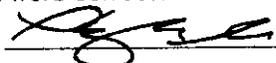
CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Kiszle Ulandez
(PLEASE PRINT)

CCFFH Address: 94-706 Kaaoki Place, Waipahu 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?
43.(c)(3)	Delegation training was performed on 11/07/25 by CMA. Documents has been signed and filed in clients folder.	11/07/25	PCG will ensure that everyone providing care with clients (caregivers and household members) will be delegated and trained by the CMA. PCG will use a check list to make sure that everyone providing care has been delegated and trained.

All items that were corrected are attached to this POC
PCG's Signature:  Date: 1-8-26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Kiszle Ullandez

(PLEASE PRINT)

CCFFH Address: 94-706 Kaaoki Place, Waipahu 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?
46.(b)(2)	Substitute Caregiver [REDACTED] performed fire drill for November 2025. Substitute Caregiver [REDACTED] will perform fire drill for December 2025.	11/09/25	Home will use a wall calendar to ensure that each caregivers are tasked each month to perform the fire drills. Home will ensure that the calendar timeline will begin based on the month of inspection, and not by calendar year from January to December.
54.(c)(2)	Health Action Plan was signed by client's POA on 11/06/25.	11/06/25	PCG will ensure that members and/or authorized representatives sign the Health Action Plan (HAP) each time the document is updated.
54.(c)(5)	Carvidilol was corrected from 2 tabs BID to 1 tab BID.	11/05/25	PCG to thoroughly review Kardex and medication log to ensure that each listed medications are correct. Also, that each medication's dosage and instructions is correct.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11.8.26

CTA has reviewed all corrected items