

Foster Family Home - Deficiency Report

Provider ID: 1-100100

Home Name: Laarnie Ann Buccat, NA

Review ID: 1-100100-13

94-424 Waipahu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/18/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/18/25).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f), (f)(1)- TB clearance for 2 minor children expired on 11/12/25 and 10/9/25. No current TB clearance present nor an exemption form completed.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- No bedroom available for a second client. CCFFH licensed for 2-bed/ 2 client.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

- 49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
- 49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;
- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- Clients' bathroom shower floor without a non-slip surface.
49.(a)(2)- No grab bar/s near clients' toilet.
49.(a)(4)- Exit doors- front and back, wheelchair ramp located at the front door pathways were obstructed with boxes, household items, shoe rack, kids toys, etc.
49.(c)(3)- Client #1's bedroom with strong smell of human urine; client's bedroom window screens & jalousies were with very thick dusts and all windows of the CCFFH- kitchen, living room, extension living room and kitchen. CCFFH's living room (extension) was full of clutter- large boxes, clothing, household items, old food containers, etc. Kitchen (extension) ceiling was observed with continuous drip of water- several towels were soaked with water on the kitchen floor. Back patio was cluttered with multiple boxes/clothes, propane gas containers, pots/pans, dishes, food containers, etc. CCFFH kitchen stove with missing door cover; CTA unable to determine if properly working. Foods were observed to be on the stovetop- bowl of meat/vegetable soup, sausages with whitish spots on them- mold? CTA asked CG#2 how long foods were sitting on the stove. CG#2 stated that foods were there either last night or early am.

Foster Family Home

Quality Assurance

[11-800-50]

- 50.(b) Adverse events shall be reported

Comment:

50.(b)- Client #1 was noted to have a large band-aid on her Right lower leg; band-aid was soaked with pinkish colored drainage; noted a purplish discoloration to the area with slit size skin tears and with small area of resolving bruise. No Adverse Event form was completed/present in client's chart/records.

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)- Client #1's Service Plan expired on 12/24/24 and no current service plan was present in chart/records.

Marilyn Nakamine RN 12/18/25
Compliance Manager Date

Guventine Bucco 12/18/25
Primary Care Giver Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Laarnie Ann Buccat

(PLEASE PRINT)

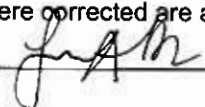
CCFFH Address: 94-424 Waipahu Street, Waipahu, HI 96797

(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?
41.1(f), (f)(1)	2025 TB clearance forms for minors were placed into Foster Home CG Binder.	12/19/25	Home will place TB clearance into binder same day forms were completed.
49.(a)(1)	Placed Non-Slip mat in shower.	1/2/26	Home will keep non-slip mat in shower.
49.(a)(2)	Placed grab bars near toilet.	1/2/26	Home will keep grab bars near toilet.
49.(a)(4)	Home removed and organized things that were obstructing exit doors and wheelchair ramp.	1/10/26	Home will maintain to keep exit doors and ramp clear.
49.(c)(3)	Home cleaned and freshened Client #1's bedroom. Home scrubbed and wiped down window screens and jalousies. Home organized and cleaned living room (extension), kitchen, and back patio. Home scheduled a ceiling repair and floors cleaned up. Home cleaned and organized back patio. Home kitchen stove is working. Food on stove thrown away.	1/16/26	Home will maintain Client #1's bedroom freshened and clean. Home will clean and wipe down jalousies every 6 months or as needed to prevent thick dust build up. Home will clean and organize home more frequently. Home will put food away once done.
50.(b)	CG completed adverse form and placed into Client #1's Chart.	12/19/25	CG's will complete adverse event form and place into Client's chart after report has been sent to CMA.
54.(c)(2)	Client#1's Updated Service Plan was obtained by CMA and was placed into Client #1's Chart.	1/6/26	Once Client's service plan is received and signed, home will place copy into Client's chart.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 1/10/26

CTA has reviewed all corrected items