

Foster Family Home - Deficiency Report

Provider ID: 1-230093

Home Name: Ligaya Reyes, CNA

Review ID: 1-230093-5

98-1489 Hoomahie Loop

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 10/21/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/21/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Second Fingerprint check is overdue for CG#1, was due on/before 9/28/2024.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1.

41.b.4 No disclosure form present for CG#3.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 8 hours of in-service training, but had only ZERO hours attended in 2024.

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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 RN delegation present for Client #1 for CG#3.

Foster Family Home

Fire Safety

[11-800-46]

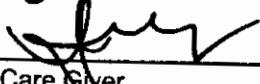
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

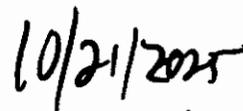
46.(a) - No fire drill documentation present for January 2025.



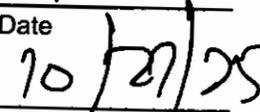
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: MR. PO LIM

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

PCG's Name on CCFFH Certificate: Ligaya Reyes
(PLEASE PRINT)

CCFFH Address: 98-1489 Hoohamie Loop, Pearl City, 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?
8.(a)(1)	LAPSED CANNOT BE CORRECTED	11/4/25	HOME WILL USE A WALL CALENDAR TO PUT ALL DUE DATES ON. BACKGROUND CHECKS WILL BE DONE 2 WEEKS BEFORE DUE DATE.
16.(b)(5)	NOTIFY SCG TO SIGN AND PCG PLACE ON TO HOME RECORD.	11/4/25	PCG UNDERSTAND THE RULES PCG WILL ENSURE THE CCFFH ALWAYS HAVE A PRIVACY TRAINING AT HOME RECORD.
41.(a)(2)	CURRENT CNA PROMETRIC REGISTRY CHECK FOR CG#1 WAS DONE AND PLACE IN TO HOME RECORD.	11/2/25	CG#1 WILL SET A REMINDER AND MARK CALENDAR 2 WEEKS BEFORE DUE DATES.
41.b.4	DISCLOSURE FORM IS SIGN BY SCG.	11/4/25	IN THE FUTURE, DISCLOSURE FORM SHOULD BE DONE IMMEDIATELY UPON ADDING SCG TO HOME. A TAB LIST REMINDER THAT NEW CERTIFICATION IS DUE SOON.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 11/4/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: MR. DO LIM

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

PCG's Name on CCFFH Certificate: Ligaya Reyes

CCFFH Address: 98-1489 Hoomahe Loop, Pearl City, 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.(c)	LAPSED CANNOT BE CORRECTED. 8 HRS. TRAINING SCG #2 (2024) SCG #2 AND ATTENDED INSERVICE 8 HRS (2025).	11/7/25	PCG WILL ENSURE THAT THE REQUIRED 8 HRS INSERVICE HOURS ARE COMPLETED EVERY YEAR. BY USING MONTHLY CALENDAR REMINDERS.
43.(c)(3)	RN DELEGATION FOR SCG #3 PCG PROVIDE A PLAN AND HAVE RN TO SIGN AND PLACE ON TO MY HOME-RECORD.	11/7/25	PCG WILL MAKE SURE TO OBTAINED AND SIGNED BY THE RN.
46.(a)	LAPSED CANNOT BE CORRECTED.	11/4/25	THE HOME WILL ASURE THAT ALWAYS HAVE A MONTHLY FIRE DRILL CHECK-UP (PROTOCOL) AND PLACE ON TO MY RECORD.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 11/4/25

CTA has reviewed all corrected items