

Foster Family Home - Deficiency Report

Provider ID: 1-140010

Home Name: Lorena Kawamoto, CNA

Review ID: 1-140010-19

94-472 Alpine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/2/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/2/25).

6.d.1- Client #1 without a current 1147 document in chart/records.

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)- CG#2's Ecrim was due on or before 9/1/25 and was done on 9/22/25.

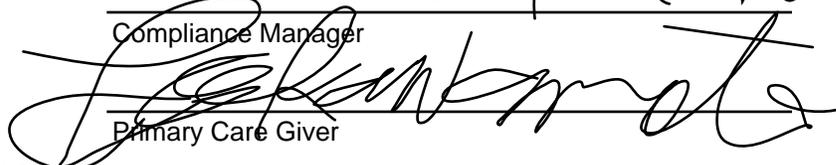
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted for Client #1's Amlodipine medication. Client's Medication Administration Record (MAR) was written as Amlodipine 2.5 mg daily. Medication's bottle label- 5mg. Unable to locate MD's order nor prescription. CG#1 will immediately correct by obtaining prescription from pharmacy/MD.


Compliance Manager
Date 12/2/25


Primary Care Giver
Date 12/2/25

CTA RN Compliance Manager: Maribel Nakamine Rn

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

PCG's Name on CCFFH Certificate: Lorena Kawamoto
(PLEASE PRINT)

CCFFH Address: 94-472 Alapine St. 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?
6.d.1	Document was filled in the client's chart. Called CM to obtain the copy.	12/29/2025	In the future CG#1 will notify CM to provide a copy of 11/47 in a timely manner.
8.(a)(1)	I showed CTA compliance the current eCrim for CG#3. Document filled in the home binder.	9/22/2025	Home will use a wall calendar to put all due dates on to prevent them from expiring. Background checks will be done 3 weeks before due date to prevent future lapses.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, and got the copy of new MD's order from the Pharmacy.	12/2/2025	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: Lorena Kawamoto

Date: 12/30/2025

CTA has reviewed all corrected items