

# Foster Family Home - Deficiency Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-14

91-1118 Kuhina Street

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 12/16/2025

## 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 emailed to CCFFH with plan of correction to CTA within 30 days of issuance (issued on 12/17/25).

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

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#3's APS/CAN expired on 6/2/24 and no current result was present. CG#4's APS/CAN lapsed on 5/22/25 and was done on 7/9/25.

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

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 1/7/25 and was done on 12/8/25; CG#2's lapsed on 1/15/25 and was done on 6/26/25. CG#3's expired on 4/11/25 and no current result was present.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and Client #3 with video surveillance camera in bedrooms. No written consents were present from each client/POAs.

# Foster Family Home - Deficiency Report

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)- Client #1 without a Service Plan in chart/records. Client #2's Service Plan dated 8/4/25 without the client/Guardian's signature.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- Client's Medication Administration Record (MAR) was incomplete. November 2025's MAR was not signed from 11/24/25-11/30/25; October 2025 MAR - there were 9 scheduled medications that were not signed on 10/31/25; May 2025 MAR - there were 2 scheduled medications that were not signed from 5/20/25-5/31/25. There were no administration times written in client's MAR for all scheduled medications. Verzenio medication was missing a dose in the MAR; frequency was not followed- should be given 2x/day; MAR signed only given 1x/day. Metformin should be given 2x/day but signed only 1x/day. Acetaminophen should be given 4x/day with meals and at bedtime- no signatures that were given. Apixaban should be given 2x/day but signed only given as 1x/day. Repaglinide should be given 3x/day before meals and only signed as given 1x/day. MiraLAX without the administration time in the MAR.

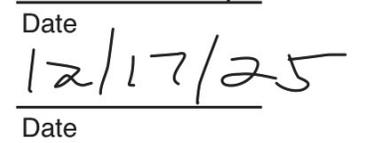
Client #2- Trazadone and Haldol were missing the administration time in the client's December 2025 MAR.

Client #3- Calcium bottle dose 1200mg- client's MAR and MD order 600mg.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

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 Laforga CCFFH  
(PLEASE PRINT)

CCFFH Address: 91-1118 Kuhina St. Ewa Beach, HI 96706  
(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.2.	Lapsed cannot be corrected. (REVISED) APS/CAN completed for CG#3	12/16/25	(REVISED) PCG will use a CCFFH calendar to write due dates (1 month before it's due) to ensure CG documents are completed & filed in the chart prior to expiration and prevention of lapse in documents.
41.b.7	2025 TB clearance was obtained for CG#3	12/27/25	(REVISED) PCG will use a CCFFH calendar to write due dates (1 month before it's due) to ensure CG documents are completed & filed in the chart prior to expiration and prevention of lapse in documents.
50.a	CG#2, CG#3, CG#4 signed the CCFFH emergency preparedness plan.	12/17/25	(REVISED) PCG will have checklist of CG's required paperwork to be completed prior and filed in CCFFH binder prior to working.
53.b.9	Client #1, Client#3 signed the consent and placed in the Home record. Client #2 still waiting for the signature from Public Guardian for approval.	1/5/26	(REVISED) PCG will use a checklist (ref: Client's chart Table of Contents) to ensure required docs are completed and/or signed, prior to enforcing (i.e.: surveillance camera) and filed in the chart.

All items that were corrected are attached to this POC  
PCG's Signature: 

Date: 1/15/26

CTA has reviewed all corrected items

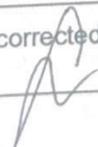
CTA RN Compliance Manager: Maribel Nakamine, RN

Community Care Foster Family Home (CCFFH)  
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PCG's Name on CCFFH Certificate: Lorena Laforga CCFFH  
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CCFFH Address: 91-1118 Kuhina St. Ewa Beach, HI 96706  
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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?
54.c.5	(REVISED) Medication administration records were reconciled by Client #1, Client #2, and Client #3 RN, CMs, discrepancies corrected, and documentation completed by PCG.	12/17/25	(REVISED) PCG will ensure daily documentation on MAR is completed following medication administration. I understand the importance of timely documentation to prevent medication error or possible harm to the client. PCG will also review MAR to ensure that medication dosages & frequencies on the MARs match the MD's orders, and bottle at the beginning of each month, as well as listed times that medication is administered. For any discrepancies, PCG will notify RN, CM to reconcile MAR.

All items that were corrected are attached to this POC  
PCG's Signature: 

Date: 11/15/26

CTA has reviewed all corrected items