

Foster Family Home - Deficiency Report

Provider ID: 1-250007

Home Name: Louise Felize Tolentino, CNA

Review ID: 1-250007-3

2828 Kalihi Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/17/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/17/26.

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) - No current Sex Offender for CG #2.

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

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

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:

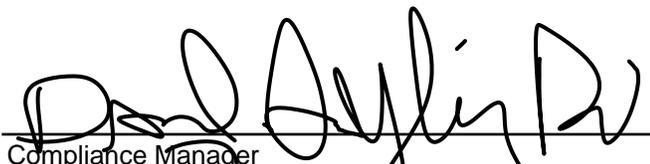
41.(a)(2) - No current Prometric verification Report for CG #1.
41.(c) - CG #2 has no In-Service hours for 2025 (8 hours).

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) - CMA #1 - Medication Isoniazid 300 mg PO, QD, not listed on MAR for client #1. CG #1 is keeping a written daily log.
CMA #2 - Levothyroxine 112 mcg PO, QD for client #2, is on the Doctor's order and Med bottle. 125 mcg dose on the MAR.


Compliance Manager

Primary Care Giver

12/17/2025
Date
12/17/2025
Date

CTA RN Compliance Manager: DAVID AYLING, RN

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

PCG's Name on CCFFH Certificate: LOUISE FELIZE F. TOLENTINO
 (PLEASE PRINT)

CCFFH Address: 2020 KALAM STREET MON. HI. 96619
 (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?
9(A)(1)	> I RECEIVED CURRENT SEX OFFENDER FORM FROM CC # 2. > I ALSO RECEIVED 8 HOURS OF IN-SERVICE TRAINING.	12/24/2025	> I MADE A LIST OF THE EXPIRATION DATES FOR SEX OFFENDERS & IN-SERVICE TRAINING. PROMETRIC FOR ALL CC'S. > I WILL REVIEW & UPDATE THE CLIENT MAR IN ADMISSIONS & WITH ALL NEW DOCTOR'S ORDERS FOR MEDICATIONS.
4(A)(2)	> I RECEIVED A CURRENT PROMETRIC VERIFICATION		
4(C)	> REPORT FROM CC # 1		
5(C)	> I RECEIVED CURRENT UPDATED MAR'S FROM BOTH CMA # 1 & CMA # 2.		

All items that were corrected are attached to this POC

PCG's Signature: *[Signature]*

Date: 12/24/2025

CTA has reviewed all corrected items