

Foster Family Home - Deficiency Report

Provider ID: 1-230002

Home Name: Lyden Botelho, CNA

94-570 Ana Aina Place

Waipahu

HI 96797

Review ID: 1-230002-8

Reviewer: Po Lim

Begin Date: 11/13/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/13/2025 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 not present in their file for CG#6 and CG#7.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4 Disclosure form present is not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1. CG#1 TB clearance expired, was due on/before 10/9/2025.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#4 and #6. Current BBP/IC certificate in file for both CG#4 and #6 are invalid dates.

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Foster Family Home

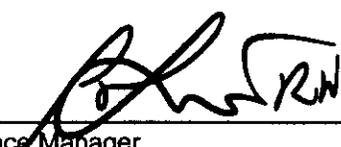
Records

[11-800-54]

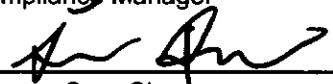
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(6) Client #1 did not have evidence of RN monthly visit notes for 06/2025.



Compliance Manager



Primary Care Giver

11/13/2025
Date

11/13/25
Date

CTA RN Compliance Manager: Po Lim

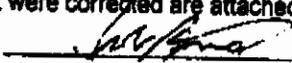
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Lyden Botelho
(PLEASE PRINT)

CCFFH Address: 94-570 Niulli 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?
8.(a)(1)	Copy of fingerprint check for CG#6 and CG#7 is now in the file	11/20/25	To prevent missing documents CCFH will put a note on the calendar as reminder then put in my phone one month prior
41.b.4	CG#1 disclosure form updated and placed in the binder	11/14/25	CCFH must indicate changes right away when there is a change on how many people live in the house. put an alarm reminder on my phone.
41.(b)(7)	TB clearance dated October 1, 2025 Placed Admin binder.	11/13/25	CCFH must file in the binder as soon as newly acquired TB clearance is acquired.
41.(b)(8)	Current Bloodborne Pathogen/ Infection with correct date in the binder	11/13/25	CCFH from now on documents provided by substitutes must be check for correct information dates. Place on calendar and add alarm on phone fro reminder.
54(c)(6)	I requested a copy of the RN visit Notes for 6/20/2025. it is now on the binder.	11/27/15	CCFH must request RN to provide a copy of the monthly visit right away and be placed in client binder.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/13/2025

CTA has reviewed all corrected items