

# Foster Family Home - Deficiency Report

Provider ID: 1-240007

Home Name: Maria Leah Pascua, CNA

Review ID: 1-240007-5

2632 California Avenue

Reviewer: Ryan Nakamura

Wahiawa

HI 96786

Begin Date: 10/15/2025

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by within 30 days of inspection (inspection date: 10/15/2025).

## 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).

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.

## 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 evidence present in client records of RN delegations for rectal suppository, nebulizer, eye drop, and ear drop medication administration given by client #2's case management to all caregivers.



Compliance Manager



Primary Care Giver

10/15/25

Date

10/15/25

Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Maria Leah Pascua  
(PLEASE PRINT)

CCFFH Address: 2632 California Avenue Wahiawa Hi, 96786  
(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.(b)(4)	PCG asked CG#4 to fill out substitute caregiver disclosure form.	10/15/25	PCG will make sure that there is SCG disclosure form filled out and signed each time a new SCG added. PCG will make a check list for a reminder.
43.(c)(3)	RN delegation was done for rectal suppository, nebulizer, eye drop, and ear drop medication administration given by client #2's CMA to all caregivers.	10/18/25	PCG will notify clients CMA that RN delegation needs to be done within 2-3 days of every doctors new medications order. PCG will make a check list in front of clients personal binder for a reminder.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/25/25

CTA has reviewed all corrected items