

Foster Family Home - Deficiency Report

Provider ID: 1-160070

Home Name: Marissa Ruiz, CNA

Review ID: 1-160070-18

94-1487 Kahualoa Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/15/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 12/15/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Fingerprint/background check was lapsed for CG#5 and HHM#3 and HHM #5. Background for CG#5 was due on or before 1/8/2025 and was completed on 9/9/2025. Background for HHM#3 was due on or before 1/7/2025 and was completed on 10/10/2025. Second Background check for HHM#5 was due on or before 11/22/2025. No new in file.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

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

- 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.

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1, #3, #4, and #5.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#5 and CG#7.
 CG#5 TB clearance lapsed, was due on/before 11/15/2025 and was not completed.
 CG#7 TB clearance lapsed, was due on/before 11/08/2025 and was not completed.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#5 and CG#7. CG# 5 and #7, requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

41.g. No basic skills check present in Client#2 record for CG#3.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 RN delegation present for Client #2 for CG#3 and CG#6.

Foster Family Home	Records	[11-800-54]
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- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

- 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)(2) No current signature of POA/OPG/family for service plan present for Client#1 and Client#3.

54(c)(6) Client #3 did not have evidence of RN monthly visit notes for 10/2025.

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12/15/2025
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CTA RN Compliance Manager: PO LIM, RN

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

PCG's Name on CCFFH Certificate: MARISSA RUIZ
(PLEASE PRINT)

CCFFH Address: 94-1487 KAHUALOA 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)	LAPSE CANNOT BE CORRECTED.	1/8/25 10/10/25 12/8/25	HOME WILL USE A WALL CALENDAR TO PUT ALL DUE DATES ON TO PREVENT THE FUTURE VIOLATION.
41.(a)(2)	CNA PROMETRIC REGISTRY WAS OBTAINED FOR CG #1, #3, #4 + #5.	1/8/25	PCG MAKE A CALENDAR TO PREVENT THE FUTURE VIOLATION.
41.(b)(7)	2025 TB CLEARANCE WAS OBTAINED FOR CG #5 + #7	11/16/25 8/22/25	HOMES WILL USE A SPREADSHEET ON LAPTOP TO IDENTIFY WHEN REQUIREMENTS ARE DUE TO PREVENT THEM FR. EXPIRING

All items that were corrected are attached to this POC

PCG's Signature: *maria*

Date: 02/25/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager:

PC LIM, RN

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

PCG's Name on CCFFH Certificate:

MARISSA RUIZ

(PLEASE PRINT)

CCFFH Address:

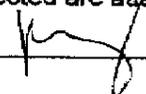
94-1487 KAHUALOA ST., WAIPAHU, HI 96797

(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?
41.(c)	LAPSE CANNOT BE CORRECTED	2024	HOME WILL USE A WALL CALENDAR TO PUT ALL DUE DATES ON BACKGROUND CHECKS WILL BE DONE AT LEAST 2 WEEKS BEFORE DUE DATE TO PREVENT LAPSES.
41.(g)	BASIC SKILLS WAS CHECKED BY RN FROM CMA FOR CLIENT #2	1/7/26	PCG WILL INFORM THE CMA THAT THE CLIENT WAS ADMITTED TO THE HOME + CHECKS BASIC SKILLS OF ALL SCG'S.

All items that were corrected are attached to this POC

PCG's Signature:



Date:

02/25/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager:

PO LIM, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

MARISSA RUIZ

(PLEASE PRINT)

CCFFH Address:

94-1487 KAHUALOA 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?
43.(c)(3)	RN DELEGATION WAS DONE FOR CG #3#6 ON CLIENT # 2 BY CMA. IT WAS PLACED INTO THE CLIENT RECORD	12/19/25	IN THE FUTURE I WILL NOTIFY MY CASE MANAGEMENT AS SOON AS MY CLIENT ADMITTED TO THE HOME TO DO RN DELEGATION.
54.(c)(2)	SERVICE PLAN WAS SIGNED BY POA, OPG FAMILY FOR CLIENT # 1 + CLIENT # 3	12/20/25	IN THE FUTURE CARE-GIVER SHOULD LET THE OPG OR PCG SIGNED THE SERVICE PLAN WITHIN 24 HRS BEFORE ADMITTING THE CLIENT TO THE HOME.

All items that were corrected are attached to this POC

PCG's Signature:

[Signature]

Date:

02/25/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: PO LIM, RN

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

PCG's Name on CCFFH Certificate: MARISSA RUIZ
(PLEASE PRINT)

CCFFH Address: 94-1487 KAHUALOA ST., WAIPAHUA, 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?
54.(c)(6)	RN MONTHLY VISIT WAS OBTAINED FOR CLIENT #3	10/25	IN THE FUTURE CARE-GIVER SHOULD OBTAINED A COPY OF MONTHLY VISITS WITHIN WITHIN 24 HRS OF RN VISITS.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 02/25/2026

CTA has reviewed all corrected items