

# Foster Family Home - Deficiency Report

Provider ID: 1-562240

Home Name: Marlin Reynon, CNA

Review ID: 1-562240-18

94-829 Kime Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 12/8/2025

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed/signed/current 1147 on file for client # 2. The 1147 on file expired 12/2/2025.

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program.

The CCFFH did not have evidence of a completed/signed/current 1147 on file for client # 3. The 1147 on file expired 08/31/2024.

Foster Family Home	Background Checks	[11-800-8]
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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) APS/CAN checks were overdue for CG# 1.

APS/CAN was due on or before 07/17/2025 previously completed 07/17/2023.

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 3.

APS/CAN was due on or before 01/26/2025 and was completed on 02/05/2025.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

- 41.(a)(2) No prometric checks completed for CG # 1 & 4.
- 41.(a)(2) Prometric check lapse for CG# 3, last completed 06/20/2024.
- 41.(B)(5) CG# 1 & 2 missing proof of car insurance for 07/18/2024-01/16/2025
- 41.(b)(5) A CG# 4 does not drive clients. No alternate transportation plan present in record.
- 41.(b)(7) CG# 2 TB clearance lapsed, was due on/before 09/06/2025 and was done on 11/05/2025.
- 41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 4.
- 41.(f)(1) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM # 1.

## 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 RN delegation CHECKLIST/BASIC SKILLS present for Client # 2 for CG# 4

## Foster Family Home

## Fire Safety

[11-800-46]

- 46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.
- 46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

Comment:

- 46(b)(1) Clients 1, 2, & 3 were bedbound and only one person capable of evacuation was present in the CCFFH. No designated person available or identified to help evacuate. (NOTE this is an immediate correction but would also be included on the home's POC)
- 46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.

# 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),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 03/21/2025 and was not signed

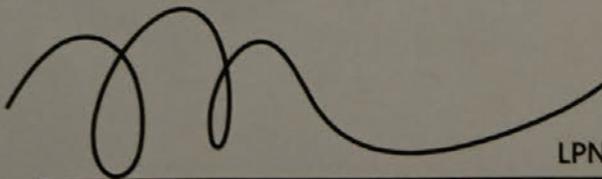
54.(c),54(c)(2) No current service plan present for Client# 2. Last one in record is dated 12/2/2024

54.(c),54(c)(2) No current service plan present for Client# 3. Last one in record is dated 01/27/2025

54.(c),54(c)(5) MAR/ADL present last signed 12/6/2025 Client# 1, 2, & 3.

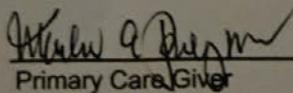
54.(c),54(c)(5) Client # 2 missing multiple PRN medications

54.(c),54(c)(6) No ADL/VS flow sheet present for Client# 2 for December 2025.



LPN

Compliance Manager



Primary Care Giver

12/31/2025

Date

12/27/2026

Date

CTA RN Compliance Manager: Laurie Voster

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

PCG's Name on CCFFH Certificate: Marlin Reynon  
(PLEASE PRINT)

CCFFH Address: 94-829 Kime Street, 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?
42(a)(1)	Case Manager completed 1147 assessment for client #2 and is file on client's chart.	1/5/2026	PCG to make a checklist of all documents of clients that needs to be renewed/updated including due dates and the checklist to be kept on each client chart to be reviewed by PCG monthly.
42(a)(1)	PCG went personally to CMA to get a copy of client's #3 1147 and is filed on client's chart.	1/5/2026	PCG to make a checklist of all documents of clients that needs to be renewed/updated including due dates and the checklist to be kept on each client chart to be reviewed by PCG monthly.
8(a)(2)	APS/CAN was completed for CG #1 and result is filed in my binder.	12/12/25	PCG to make a checklist of all needed important documents including due dates of all CGs and HHMs. PCG to review checklist monthly to avoid getting lapsed/overdue.
8(a)(2)	APS/CAN was completed for CG# 3, result is filed in my binder.	2/5/2025	PCG to make a checklist of all needed important documents including due dates of all CGs and HHMs. PCG to review checklist monthly to avoid lapsed/overdue.

All items that were corrected are attached to this POC

PCG's Signature: Marlin Reynon PCG

Date: 1/23/2026

CTA has reviewed all corrected items

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CTA RN Compliance Manager: Laurie Vosler

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CCFFH Address: 94-829 Kime Street, Waipahu HI 96797

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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?
41(a)(2)	Completed Prometric check online for CG #1 & 4. Printed Prometric record respectively and filed in my binder.	CG # 1 on 12/10/25 CG #4 on 12/16/25	PCG to make a checklist of all needed/important documents including due dates of all CGs and HHMs to avoid from getting lapsed. PCG to review checklist monthly.
	Completed Prometric check for CG#3 on line. Printed Prometric record and filed in my binder.	CG #3 on 12/16/25	
41(b)(5)	Caregiver # 1 & 2, car insurance were found inside PCG vehicle.	12/8/25	PCG to make copies of car insurance to be kept in my binder and original copies kept in my car.
41(b)(5)	CG #4 does not drive and created an alternate transportation plan for the month and filed in my binder.	12/11/25	CG #4 to create alternate transportation plan to provide to PCG to avoid delays in providing care to clients.
41(b)(7)	PCGs husband CG #2 completed annual TB clearance after returning from out-of-country emergency.	12/11/25	PCG to make a checklist of all needed/important documents including due dates of all CGs and HHMs to avoid from getting lapsed. PCG to review checklist monthly.

All items that were corrected are attached to this POC

PCG's Signature: Marlin Reynon PCG

Date: 1/23/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Voster

**Community Care Foster Family Home (CCFFH)  
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Chapter 11-800**

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CCFFH Address: 94-829 Kime Street , 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(b)(7)	CG #4 went to get annual TB clearance from the TB testing and screening clinics of the Department of Health. TB clearance filed in my binder.	1/8/2026	PCG to make a checklist of all needed/important documents including due dates of all CGs and HHMs to avoid getting lapsed. PCG to review checklist monthly.
41(d)(1)	HHM #1 went to TB testing and screening clinics of the Department Health to get annual TB clearance and result filed in my binder.	1/6/2026	PCG to make a checklist of all needed/important documents including due dates of all CGs and HHMs to avoid getting lapsed. PCG to review checklist monthly.
43(c)(3)	RN CM came to delegate basic skills to CG # 4 for client #2	1/5/2026	PCG to review each client documents on their charts every month to make sure CGs delegation in providing care is up to date.
46(b)(1)	Client # 1 bedbound was discharged on 1/2/2026 due to unavailability of CG to provide care.	1/2/2026	PCG to make sure to have enough CGs available to provide care before admitting a client based on the level of care.

All items that were corrected are attached to this POC

PCG's Signature: Marlin Reynon PCG

Date: 1/23/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Voster

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CCFFH Address: 94-829 Kime Street, Waipahu HI 96797  
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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?
46(b)(2)	CG# 4 completed this month fire drill and documented completion in my binder.	12/10/25	PCG develop monthly fire drill to all CGs and HHMs and is scheduled every 2nd Thursday of the month. Schedule is posted on my wall calendar for every body to see. PCG to remind CGs and HHMs in person the fire drill schedule 1 week before the schedule.
54(c)(2)	Client #1-SP dated 3/21/25 was signed on 12/27/25 and was retrieved from CMA on 1/7/2026 and is filed on client's chart.	1/7/2026	PCG to make a checklist of documents of clients that needs to be renewed/updated and due dates with all necessary signatures and the checklist to be kept on each client's chart to be reviewed by PCG monthly.
54(c)(2)	Client #2- SP dated 6/9/25 and 12/3/25 were retrieved from CMA and signed by all necessary parties and filed on clients chart.	1/5/2026	PCG to make a checklist of documents of clients that needs to be renewed/updated and due dates with all necessary signatures and the checklist to be kept on each client's chart to be reviewed by PCG monthly.

All items that were corrected are attached to this POC

PCG's Signature: Marlin Reynon PCG

Date: 1/23/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Voster

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CCFFH Address: 94-829 Kime Street, Waipahu HI 96797

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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)(2)	Client #3-Retrieved the SP dated 6/30/2025 from CMA signed by all necessary parties and is filed on client's chart.	1/5/2026	PCG to make a checklist of documents of clients that needs to be renewed/updated including due dates with necessary signatures and checklist to be kept on client's chart to be reviewed by PCG monthly.
54(c)54 (c)(5)	PCG completed documenting on MAR/ADL of client's # 1,2 &3 respectively.	12/8/25	PCG to document immediately after giving medications and providing care without fail.
54(c)54 (c)(5)	Client #2 PRN medications PCG kept in a separate container.	12/8/25	PCG to provide each client individual container properly labeled for all their medications for safety easier access.
54(c)54 (c)(6)	PCG went to CMA to get blank Flow sheet for client #2. December ADL was completed and filed.	1/5/2026	PCG to make a binder of blank forms from CMA and to make enough copies for future use.

All items that were corrected are attached to this POC

PCG's Signature: Marlin Reynon PCG

Date: 1/23/2026

CTA has reviewed all corrected items