

Foster Family Home - Deficiency Report

Provider ID: 1-110056

Home Name: Menchie Dawang, CNA

Review ID: 1-110056-23

91-739 Poloula Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/17/2025

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

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Client#1 Form 1147 is not present in their file.

Client#2 Form 1147 is expired on 12/9/2024.

Client#3 Form 1147 is expired on 8/5/2025.

Deficiency Report issued during CCFH inspection via email on 11/17/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#3.

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

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

Comment:


41(a)(2) CNA Prometric registry check are not present for CG #2.


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) RN delegation was provided to HHM#2 for Client# 1 and #3. HHM#2 is not approved to work in a 3 beds CCFH.


Compliance Manager


Primary Care Giver


Date


Date

Po Lim, RN

CTA RN Compliance Manager:

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

Menchie Dawang

PCG's Name on CCFFH Certificate:

(PLEASE PRINT)

91-739 Poloula Place Ewa Beach Hawaii 96706

CCFFH Address:

(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?
6.(d)(1)	All clients' Form 1147s are current and filed in the binder behind the RN delegation section.	11/17/2025	Continue to check the binder monthly to ensure all 1147's remain current and renew each format at least 60 days before expiration.
16.(b)(5)	HHM completed confidentiality and privacy training and filed next to the HHM's fingerprint clearance inside the binder.	11/17/2025	Provide annual confidentiality and privacy refresher training to all caregivers and household members. Keep documentation of all completed trainings in the binder for verification.
43. (a)(2)	HHM is no longer a secondary caregiver (SCG). He is approved for 3 hours under RN delegation only.	11/17/2025	Continue to maintain accurate delegation and caregiver status files in the binder. Review monthly with RN to confirm all active roles.
43.(g)(1)	HHM previously had CTA approval for 3 hrs, under delegation, but was removed when he became ill. Updated documentation showing removal from the delegation filed in the binder.	11/17/25	RN will confirm delegation status for all HHMs during each visit.

X All items that were fixed are attached to this CAP

PCG's Signature:

Date: 11/17/2025

X CTA has reviewed all corrected items