

Foster Family Home - Deficiency Report

Provider ID: 1-560129

Home Name: Nerissa Cristobal, CNA

Review ID: 1-560129-22

91-927 Pailani Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 11/19/2025

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 11/19/2025 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) Sex Offender check are not present for HHM#1.

8(a)(2) APS/CAN checks were overdue for HHM#1.

APS/CAN was due on or before 11/2/2025 and was not present in the CCFFH file.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No current TB clearance for HHM#1. TB clearance was due on or before 8/14/2024 and was not completed. TB exclusion not present for HHM#1.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG#3 and CG#4 did not conduct a fire drill in the past 12 months.

Foster Family Home

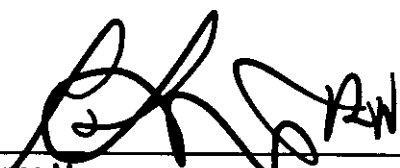
Records

[11-800-54]


54.(c)(5) Medication schedule checklist;

Comment:

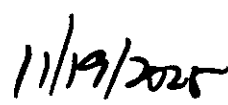
54(c)(5) CG#1 MAR was not documented daily. Sheet not completed from 11/11/2025 to 11/18/2025.
CG#2 MAR was not documented daily. Sheet not completed from 11/14/2025 to 11/18/2025.
CG#3 MAR was not documented daily. Sheet not completed from 11/14/2025 to 11/18/2025.



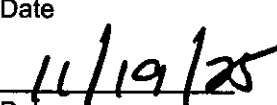
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: LORI VOSLER, RN Po Lim, RN

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

PCG's Name on CCFFH Certificate: NERISSA Q. CRISTOBAL
(PLEASE PRINT)

CCFFH Address: 91-927 Pallani Street Ewa Beach, HI 96706
(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) | Sex offender check was obtained via online for HHM#1 (see attached). | 11/19/25 | Home will annually check online the Sex Offender website, all in one time along with the Primary Caregiver, SCG's and HHM's annually. |
| 8(a)(2) | APS/CAN checks was obtained for HHM#1 working placed at [REDACTED] (see attached). | 12/08/25 | Home will maintained a Yearly Calendar lists of all documents expiration for each SCG, HHM, and send reminder letter follow up's to submit their documents prior expiration. |
| 41(f)(1) | TB Clearance (Form F) for HHM#1 was obtained from the working placed at [REDACTED] (see attached). | 11/20/25 | Home created excel sheet for the Yearly Calendar for SCG's and HHM for their documents reflecting its expiration. To send reminder to all when it will be expired and to submit prior the documents will expire. |
| 3P(b)(1) (2)(4)(6) | Fire Drill was conducted on monthly basis (day, evening, night); for smoke detectors, a dated marked stickers embedded on the smoked detectors itself reflecting the date/time check. CG#3 and CG4 ask conduct Fire Drill. | 11/20/25 | Home maintained a Fire Drill record book for easy references. Smoked Detector's will be dated/marked stickers when it was check. Home will rotate to trained each SCG's/HHM conducting Fire Drill on monthly basis. Fire Drill Schedule for Calendar Year 2026, listed in excel sheet. |

All items that were corrected are attached to this POC

PCG's Signature: Nerissa Q. Cristobal

Date: 12/10/25

CTA has reviewed all corrected items

101821 S. Young

CTA RN Compliance Manager: LORI VOSLER, RN Po Lim, RN

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

PCG's Name on CCFFH Certificate: NERISSA Q. CRISTOBAL
(PLEASE PRINT)

CCFFH Address: 91-927 Pailani Street Ewa Beach, HI 96706
(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)(5) | CG#1, CG#2, CG#3 completed and signed the MAR documents. | 11/19/25 | Home will check/review the MAR document on daily basis before the end of shift. Red flag sticker will be embedded on each tab for each client chart, as required. |

All items that were corrected are attached to this POC

PCG's Signature: Nerissa Q. Cristobal

Date: 12/10/25

CTA has reviewed all corrected items