

Foster Family Home - Deficiency Report

Provider ID: 1-623555

Home Name: Nicerita Rabut, CNA

Review ID: 1-623555-19

44-781 Kaneohe Bay Drive

Reviewer: Po Lim

Kaneohe HI 96744

Begin Date: 12/4/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/04/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance was not recorded on the State standardized form and signature is not by a provider.

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.

Comment:

46.(a) - Last fire drill present in record was documented on 5/5/2025. No fire drill documentation present for June 2025 through November 2025.

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:

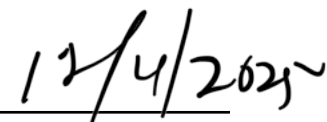
54(c)(2) No current signature of OPG for service plan present for Client#2.

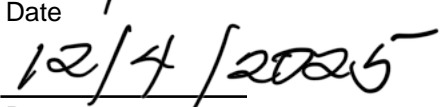
54(c)(5) No MAR present for December 2025 for Client#1 and Client #2.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Laurie Vosler, LPN

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

PCG's Name on CCFFH Certificate: Nicerita Rabut CCFFH

(PLEASE PRINT)

CCFFH Address: 44-781 Kaneohe Bay Dr. Kaneohe, HI 96744

(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 #2 completed TB clearance.	12/8/25	PCG will utilize a calendar for TB expirations. PCG will ensure all CG are up to date with TB clearance and proper documentation is present in CCFFH.
46.(a)	Fire drills completed on PCG's own records but not recorded on fire drill form - Forms filled out.	12/5/25	PCG will utilize fire drill forms instead of writing in own records, to ensure documentation is complete.
54.(c)(2)	Service plan sent to OPG for signature for Client #2.	12/8/25	PCG will utilize calendar to follow up on upcoming documents due. PCG will contact CMA for copy of signed service plan.
54.(c)(5)	Medications recorded on PCG's own records but not on MAR – December MARs completed for both clients.	12/5/25	PCG will complete MAR instead of writing in own records, to ensure documentation is complete.

All items that were corrected are attached to this POC

PCG's Signature: Nicerita Rabut

Date: 12-29-2025

CTA has reviewed all corrected items