

Foster Family Home - Deficiency Report

Provider ID: 1-170079

Home Name: Rachel Salva, CNA

Review ID: 1-170079-16

91-1009 Pailani Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 10/22/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/22/2025).

6.(d)(1): No documentation present in CCFFH records of current 1147 assessment for client #2. 1147 assessment present in client records expired on 3/31/2025.

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)(2): Evidence present in CCFFH records of lapse of APS/CAN clearance and criminal background check for CG#1. APS/CAN clearance was due by 7/3/2025 and completed 9/15/2025 and criminal background check was due by 7/3/2025 and completed 8/12/2025.

No evidence present in CCFFH records of 1st sets of fingerprints and sex offender registry searches for HHM#5 and HHM#6.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#5. Clearance was due by 6/23/2025.

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 evidence present in CCFFH records of confidentiality training completed for HHM#5 and HHM#6.

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Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 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.

Comment:

- 41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1 and CG#4.
- 41.(b)(7): No evidence present in CCFFH records of TB clearance for CG#5. TB clearance was due by 11/16/2024.
- 41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training completed for CG#7. Training was due by 4/24/2025.
- 41.(c): No evidence present in CCFFH records of minimum 12 hours of in-service training hours in the past 12 months or 24 hours in the past 24 months for CG#4. 11 hours in the past 24 months present in CCFFH records.

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 evidence present in client records for RN delegations given by client #1's case management agency for rectal suppository medication for all caregivers.
- No evidence present in client records of any RN delegations given by client #3's case management agency to CG#7.

Foster Family Home

Fire Safety

[11-800-46]

- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(b)(2): No evidence present in CCFFH records of CG#4 conducted a fire drill in the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

- 47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

- 47.(c): No evidence present in client records of list of side effects of current medications for client #1, #2, and #3.

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Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Screen window missing in non-client bedroom allowing access to pests and insects.

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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;

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)(1): No face sheet present in client records for client #1 and #2.

54.(c)(2): No signature present by client/client's representative on current service plan (dated: 8/21/2025) for client #1.

No evidence present in client records of current service plan for client #3. Service plan present in client records dated 1/13/2025.

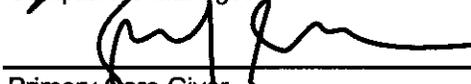
54.(c)(5): Discrepancy noted in client #3's Aspirin dosage listed on medication administrative record (MAR) compared to physician order. Aspirin in MAR listed dose as 325mg but physician order is 81 mg. Ferrous Gluconate and Magnesium Oxide was not listed in client's MAR.

54.(c)(5)(6): No daily documentation of medication administration and ADLs/skilled nursing for client #1, #2, and #3. No documentation present for month of 9/2025, from 8/4/2025-8/30/2025, 7/7/2025-7/31/2025, 6/7/2025-6/30/2025, 5/10/2025-5/31/2025, 4/20/2025-4/30/2025, 3/25/2025-3/31/2025 for client #1. No documentation from 10/22/2025-10/12/2025, 9/5/2025-9/30/2025, 8/4/2025-8/30/2025, 6/8/2025-6/30/2025, 5/16/2025-5/31/2025, and 4/5/2025-4/30/2025 for client #2. No documentation from 09/01/2025-9/30/2025, 8/27/2025-8/30/2025, 7/1/2025-7/31/2025, 6/1/2025-6/30/2025, 5/1/2025-5/31/2025 for client #3.

54.(c)(6): No evidence present in CCFFH records of RN/SW monthly visits from clients' case management agency on 4/2025 and 3/2025 for client #1 and 5/2025-1/2025 for client #2.



Compliance Manager



Primary Care Giver

10/22/25

Date

10/22/25

Date

CTA RN Compliance Manager: LAURIE VAUSLER, LPN Ryan Nakamura, RN

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

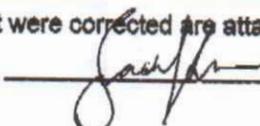
PCG's Name on CCFFH Certificate: Rachel Salva

(PLEASE PRINT)

CCFFH Address: 91-1009 Pailani st. 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?
6.(d)(1)	1147 was printed and place it on the client folder.	11/12/25	Put a reminder on the calendar before 1147 expired. Print and place it on the folder right away once case management send it to CG.
8.(a)(1) (2)	Violation cannot be corrected. Fingerprint was obtain.	11/12/25	PCG will use a calendar wall and put due dates 2 weeks before expiration dates.
8.(a)(2)	Fingerprint submitted by SCG. And place it on the folder.	11/12/25	PCG will use calendar wall and put due dates 2 weeks before expiration dates.
41.(a)(2)	PCG obtain CNA prometric registry for CG #1 and CG#4. Print and place it on folder.	11/24/25	PCG will always check newsletters from [redacted] to get updated and obtain new requirements that need to done.
41.(b)(7)	Tb clearance was obtain. Submitted by SCG. And place it to folder.	11/12/25	PCG will use calendar wall for reminder 2weeks before the expiration and contact SCG to remind before expiration.
41.(b)(8)	Bloodborne pathogen of CG #7 was obtain.	11/12/25	PCG will use calendar wall and put it 2 weeks before due date and remind SCG before expiration.
41.(c)	SCG inservice was submitted. and place it on folder.	11/12/25	PCG will put on calendar wall 2 weeks before requirements will be expired.and remind CG.

 All items that were corrected are attached to this POCPCG's Signature: Date: 11/22/25 CTA has reviewed all corrected items

CTA RN Compliance Manager: ~~Laurei Vausler, LPN~~ Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Rachel salva
(PLEASE PRINT)CCFFH Address: 91-1009 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?
43.(c)(3)	RN delegation was done for all the CG and was placed on the records.	11/12/25	CG will notify client's CMA that RN delegation needs to be done and schedule SCG for delegations. Review all the medicine that need to be delegate by Rn and if there is a new order.
46.(b)(2)	CG #4 conducted fire drill for the month of November.	11/12/25	PCG will get the availability of there schedule for fire drill added it to the wall calendar.
47.(c)	PCG place list of side effect of medication together with there MAR on the folder.	11/12/25	PCG will place list of side effect of medication list on the folder and notify CMA to give list of side effect if there is new order of medications.
49.(c)(3)	PCG put back the screen window after cleaning it.	11/12/25	PCG will place or replace window screen right away whenever its time to clean or damage.
54.(c)(1)	Face sheet was place on the folder.	11/12/25	PCG will make enough copy for facesheet for folders of client and for emergency purpose.
54.(c)(2)	Client Signature was obtain.	11/12/25	PCG will make client sign service plan every time that it needed to be sign and if there is new service plan that need to sign.

 All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 11/22/25 CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Vausler, LPN — Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Rachel Salva

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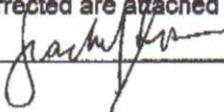
CCFFH Address: 91-1009 Pailani st. Ewa beach HI 96706

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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)(5)	Medication discrepancy was corrected by client's CMA on client's medication record.	11/12/25	PCG will look at all the medication administration records and bottles to make sure they both match every time before giving a medication. PCG will notify CMA and doctor if it doesn't match and add on the list if there is new medication order by doctor.
54.(c)(5) (6)	All daily documentation and ADL's was fill up and place it on the record.	11/20/25	PCG will make a folder for all the Medication administration record and ADL's for all the clients to ensure that list are all being fill up and sign everyday.
54.(c)(6)	RN monthly visit records was obtain and place it on the clients records.	11/12/25	PCG will notify CMA if there is missing RN monthly visit of client. PCG will print record right away and place it on the records.

 All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 11/25/25 CTA has reviewed all corrected items