

# Foster Family Home - Deficiency Report

Provider ID: 1-589393

Home Name: Regina Rader, CNA

Review ID: 1-589393-20

94-291 Kahuanani Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/15/2025

## 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 12/15/2025 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;

Comment:

8.(a)(1) Background check was overdue for HHM#8. Second Background check was due on or before 9/25/2025 and was not present in the CCFFH file.

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

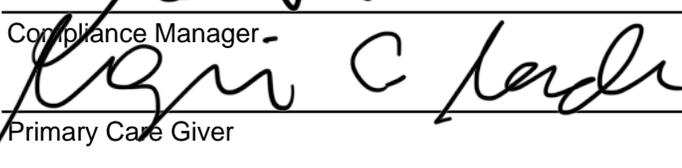
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

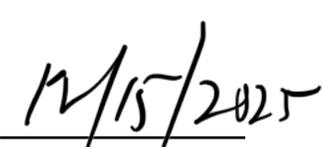
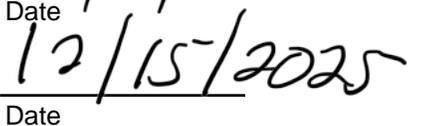
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance was not reported on the state standardized form.

41.(b)(8) CCFFH did not have evidence of current CPR training for CG#1, #2, and #3. They were due on/before 10/7/2025 and no renew present in the file.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

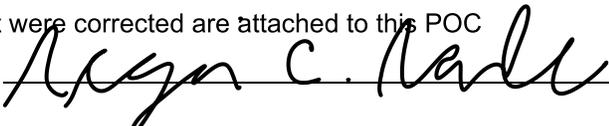
CTA RN Compliance Manager: Laurie Vosler

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

PCG's Name on CCFFH Certificate: Regina C. Rader  
(PLEASE PRINT)

CCFFH Address: 94-291 Kahuanani St. 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?
6.(d)(1)	A Corrective Action Plan Report was filled out. The necessary requirements were fixed.	1/11/2026	All caregiver(s) fully understand and comply with the applicable requirements of the chapter.
8.(a)(1)	Criminal history record checks were scheduled for necessary individual(s) and results were printed and placed in its appropriate binder.	12/16/25	Caregiver(s) have set a Google Calendar reminder for when to schedule the next record check within the 12 months period.
41.(b)(7)	CCFFH obtained current TB clearance documentation for CG #3. The TB clearance was completed and properly recorded using the state-standardized TB clearance form. The completed form was placed in CG #3's personnel file to ensure documentation is readily available for review.	12/16/25	A personnel compliance checklist will be maintained to track TB clearance status for all caregivers.
41.(b)(8)	CCFFH ensured that CG #1, #2, and #3 completed CPR training through an approved provider. Updated CPR certification cards were obtained for all three caregivers. Copies of the renewed CPR certifications were placed in each caregiver's personnel file.	12/16/25	CCFFH will maintain a CPR certification tracking log that includes issue and expiration dates for each caregiver. Caregivers will be notified at least 60 days prior to CPR certification expiration to allow sufficient time for renewal.

All items that were corrected are attached to this POC  
PCG's Signature:  Date: 1/11/2026

CTA has reviewed all corrected items