

Foster Family Home - Deficiency Report

Provider ID: 1-230008

Home Name: Rolly Lacar, NA

Review ID: 1-230008-8

94-949 Kaaholo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/3/2025

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 recertification inspection.

Deficiency Report emailed to CCFH with plan of correction due to CTA within 30 days of issuance (issued on 12/5/25).

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)- APS/CAN was due on 2/24/25 done on 4/2/25 for CG#2 and CG#3. Ecrim was due on 2/23/25 done on 3/23/25 for CG#2 and CG#3. Ecrim was due on 11/15/24 done on 11/26/24 for CG#9.

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1, CG#2, CG#3, CG#4, and CG#9's TB clearances results were not documented on DOH approved forms. CG#5's TB was due on 3/22/25 and was done on 9/19/25. CG#7's TB clearance was due on 6/20/25 and was done on 8/4/25.

41.(b)(8)- CG#2 and CG#3's CPR/Basic First Aid certification lapsed on 1/31/25 and was done on 3/23/25. CG#4's CPR lapsed on 6/20/25 and was done on 7/2/25. CG#5's CPR/Basic First Aid certification lapsed on 6/20/25 and was done on 9/15/25. CG#7's lapsed on 6/20/25 and was done on 8/4/25. CG#9's lapsed on 10/18/25 and was done on 11/2/25.

41.(g)- CG#5 without the basic skills checklist completed in Client #1's chart/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 RN delegations present for CG#5 in Client #1's chart/records.

Foster Family Home - Deficiency Report

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.

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

Comment:

46.(a), (b)(2)- CCFFH without the November 2025 monthly fire drill; CG#3 and CG#5 were without evidence of having conducted a monthly fire drills for 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 list of medications' side effects present in Client #1's chart/records.

Foster Family Home

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)- Client #1's closet doors were broken- unable to open/close and electrical outlet cover inside client's bedroom wall was cracked/broken.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

50.(b) Adverse events shall be reported

Comment:

50.(a)- CG#5 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(b)- Adverse Event documents were not present in Client #1's chart/records for the ER visits on 10/1/25 and 10/24/25.

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)- Client #2's Service Plan dated 9/19/25 was missing the client/POA's signature.

54.(c)(5)- Medication discrepancies were noted for Client #1 and Client #2.

Client #1- Tylenol/Acetaminophen's medication label dosage(325mg) did not match the client's December 2025 (MAR) Medication Administration Record(500mg) and the MD's order (500mg). Famotidine's label dosage (20mg), MD's order (20mg) did not match the client's MAR (10mg). Atorvastatin's MAR(80mg) did not match the MD's order (20mg) and medication's label (20mg). Fosfomycin Tromethamine was not transcribed in the client's November 2025 MAR- MD ordered on 11/14/25 for 3 doses every other day. Cefpodoxime medication was not transcribed in the November 2025 to start on 11/11/25 for 7 days. Nystatin was not transcribed in the November 2025 and December 2025 MARs. Ferrous Sulfate was not transcribed in the December 2025 MAR.

Client #2- MAR was incomplete- no signature present from 12/1/25- 12/3/25(am).

Maibelle Spokamine PA

Compliance Manager

12/5/25

Date

Paula Lacey

Primary Care Giver

12/8/25

Date

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

PCG's Name on CCFFH Certificate: Rolly Lacar

(PLEASE PRINT)

CCFFH Address: 94-949 kaaholo Street Waipahu, Hawaii 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? |
|---------------|--|-------------------------------|--|
| 8.(a)(1), (2) | Lapse cannot be corrected | 12/10/25 | The licensee will implement a background check tracking system to monitor due dates for APS/CAN and eCrim checks for all caregivers. The licensee will ensure that all required checks are submitted and completed prior to expiration and will conduct quarterly reviews of caregiver files to verify compliance. |
| 41.(b)(7) | The licensee obtained and/or corrected TB clearance documentation for all caregivers using DOH-approved TB clearance forms. Updated documentation for SCG2 and has been placed into home record. | 01/15/26 | The licensee will maintain a TB clearance tracking log to monitor expiration dates. All TB clearances will be renewed prior to expiration and documented on DOH-approved forms only. Caregiver files will be reviewed quarterly to ensure compliance. |
| 41.(b)(8) | Lapse cannot be corrected | 12/10/25 | The licensee will implement a certification expiration tracking system to ensure CPR, First Aid, and blood borne pathogen training are renewed prior to expiration. Training due dates will be reviewed monthly . |

All items that were corrected are attached to this POC

PCG's Signature: *Rolly Lacar*

Date: 01/19/24

CTA has reviewed all corrected items

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

PCG's Name on CCFFH Certificate: Rolly Lacar

(PLEASE PRINT)

CCFFH Address: 94-949 Kaaholo Street Waipahu, Hawaii 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? |
|----------------|---|-------------------------------|--|
| 41.(g) | Licensee coordinated with client #1 case manager to obtain basic skills check for SCG #5. Documentation was filed on the home binder. | 1/17/24 | PCG will verify that basic skills check documentation is completed, signed, and filed in the personnel record before scheduling any SCG to work with a client. Quarterly record reviews will be conducted to ensure ongoing compliance. |
| 43.(c)(3) | Licensee coordinated with client #1 case manager to obtain RN delegation for SCG #5. Documentation was filed on the home binder. | 1/17/24 | PCG will verify that RN delegation documentation is completed, signed, and filed in the personnel record before scheduling any SCG to work with a client. Quarterly record reviews will be conducted to ensure ongoing compliance. |
| 46.(a), (b)(2) | The licensee conducted a fire drill with CG#3 and CG#2 that included smoke detector testing and documented the date, time, conditions, participants, and outcomes. The completed fire drill record has been placed in the home's fire drill log | 1/19/24 | The licensee will maintain a monthly fire drillschedule to ensure drills are conducted at varied times and conditions and documented appropriately. Caregiver participation will be tracked to ensure atl caregivers participate in fire drills. Fire drill logs will be reviewed monthly to onsure compliance with \$46.(a) and \$46.(b) (2). |

All items that were corrected are attached to this POC

PCG's Signature: Rolly Lacar

Date: 01/19/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Rolly Lacar

(PLEASE PRINT)

CCFFH Address: 94-949 Kaaholo Street Waipahu, Hawaii 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? |
|-----------------------|--|-------------------------------|---|
| 47,(c) | PCG obtained and placed a current list of Client #1's prescribed medications, including known side effects and adverse reactions, into the client's chart. Caregivers were instructed on the location of the medication side-effect list and the requirement to monitor, document, and report medication side effects or errors immediately in accordance with §2.(c). | 01/01/24 | PCG will coordinate with clients case manager to provide side effects of clients medication. POCG will ensure side effects are documented in the clients medication record and update with any medication change. Medication records will be reviewed monthly for accuracy, and caregivers will receive ongoing instruction on reporting and documenting observed side effects and medication errors. |
| 49(c)(3) 4e.(c)(3) | PCG repaired the broken closet doors to ensure they open and close properly. The cracked/broken electrical outlet cover in Client #1's bedroom was replaced with a secure, intact cover to eliminate potential safety hazards. | 12/12/23 | PCG will conduct monthly home safety inspections to identify correct maintenance issues promptly. Any hazards affecting client safety will be addressed immediately and documented to ensure ongoing compliance with §49.(cXs). |

All items that were corrected are attached to this POC

PCG's Signature: Rolly Lacar

Date: 01/19/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Rolly Lacar
(PLEASE PRINT)

CCFFH Address: 94-949 Kaaholo Street Waipahu, Hawaii 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? |
|-------------|---|-------------------------------|---|
| 50.(a) | PCG reviewed CCFFH's Emergency Preparedness Plan with CG #5, reviewed and provided training on emergency procedures applicable to clients. Documentation of completed training has been placed into the home binder | 12/12/25 | PCG will ensure that all caregivers receive Emergency Preparedness Plan training before scheduled to provide care with clients and annually thereafter. Training documentation will be maintained in home binder and reviewed quarterly for compliance. |
| 50.(b) | PCG completed adverse event reports for Client #1's ER visits on 10/01/25 and 10/24/25 and placed the documentation in the client's chart. SCG's were also reminded of reporting and documentation requirements following adverse events. | 12/12/25 | PCG will ensure that all adverse events are documented promptly and filed in the client's chart. Client records will be reviewed monthly to verify that adverse event documentation is complete and current. |
| 54.(c)(2) | PCG obtained the required client/POA signature on client #2's current Individual Service Plan dated 9/19/25. The fully executed service plan has been placed in the client's chart. | 01/01/26 | PCG together with clients case manager will review all new or updated Service Plans upon receipt to confirm required signatures are present and filed in the client record. Charts will be reviewed monthly to ensure ongoing compliance. |

All items that were corrected are attached to this POC

PCG's Signature: Rolly Lacar

Date: 01/19/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Rolly Lacar

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CCFFH Address: 94-949 Kaaholo Street Waipahu, Hawaii 96797

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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) | <p>PCG conducted a comprehensive medication reconciliation for Client #1 by comparing medication labels, MD orders, and MARs. The following corrections were made for Client #1</p> <p>Tylenol/Acetaminophen MAR corrected to match MD order i(500 mg).</p> <p>Famotidine MAR corrected to match MD order (20 mg).</p> <p>Atorvastatin MAR corrected to match MD order and medication label (20 mg).</p> <p>Fosfomycin Tromethamine transcribed onto the November 2025 MAR per MD order dated 11/14/25.</p> <p>Cefpodoxime transcribed onto the November 2025 MAR per MD order starting 11/11/25 for 7 days.</p> | 01/01/24 | <p>PCG will implement the following measures to prevent recurrence:</p> <p>Conduct medication reconciliation monthly and upon medication change.</p> <p>Verify that MAR entries match MD orders and medication labels prior to administration.</p> <p>Review MAR's daily for completeness including caregiver signatures.</p> |

All items that were corrected are attached to this POC

PCG's Signature: _____

Rolly Lacar

Date: _____

01/19/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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|-----------------|--|-------------------------------|---|
| 54.(c)(5) cont. | Nystatin transcribed onto the November and December 2025 MARs. Ferrous Sulfate transcribed onto the December 2025 MAR. All corrected MAR's were reviewed for accuracy and placed on the clients chart. | 01/01/24 | |
| 54.(c)(5) cont | PCG reviewed client #2 MAR and signed 12/01/25 through 12/03/25. The MAR is now complete and filed in the clients chart. | 01/01/24 | |

All items that were corrected are attached to this POC

PCG's Signature: Rolly Lacar

Date: 01/19/24

CTA has reviewed all corrected items