

Foster Family Home - Deficiency Report

Provider ID: 1-240099

Home Name: Rose Ponce, NA

Review ID: 1-240099-3

94-213 Kahuanani Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/8/2025

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 issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/8/25).

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)- No sex offender search results were present in record/CCFFH chart for CG#2, CG#3, and HHM#2.

8.(a)(1), (2)- HHM#2 without any results of APS/CAN/Fingerprint in record/CCFFH chart.

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 confidentiality policies and procedures and client privacy document and training present for CG#2, CG#3, and HHM#2.

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

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

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

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#2's TB clearance was not documented on DOH approve form.

41.(f)(1)- HHM#2 without a TB clearance nor exemption form present in record.

41.(g)- No basic skills checks present for CG#2 and CG#3 in Client #1's chart/records.

Foster Family Home - Deficiency Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(a) The home shall care for not more than two adults at any one time who are unrelated to the foster family, or if certified by the department for three beds; shall care for not more than three adults, pursuant to the requirements under section 321-481, HRS.

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.

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(a)- CCFFH with an unrelated person (R.S) whom CG#1 admitted to providing care since 7/7/25 once a week; does not sleep in the CCFFH. CG#1 was operating as an ADCC (Adult Day Care Center) without an ADCC certification. CCFFH certified as 2 clients.

43.(b)- No bedroom available for a 2nd client as bedroom was occupied by HHM#2 during CCFFH survey.

43.(c)(3)- No RN delegation present for oral medication administration for CG#2 and CG#3 in Client #1's chart/records.

43.(c)(6)(B)- Client #1 without an access to telephone; no landline telephone was present or in use in the CCFFH.

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)- CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

Foster Family Home

Physical Environment

[11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)- No evidence that CCFFH with smoking policy in records.

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:

Comment:

50.(a)- CCFFH without evidence of having an Emergency Preparedness Plan in records.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile insurance policy expired on 4/29/25 and no current policy was present.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(9)- Client #1 with a video surveillance system located inside the client's bedroom. No consent/authorization document was present in client's chart/records.

53.(b)(15)- CCFFH without a visiting policy document present.

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;

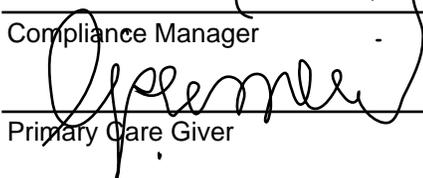
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan dated 8/30/25 without the POA's signature.

54.(c)(5)- Client #1's Medication Administration Record (MAR) for the month of December 2025 was last signed on 12/2/25. No signatures from 12/3/25- 12/8/25 (am doses).

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet for the month of December 2025 was last signed on 12/2/25. No signatures from 12/3/25-12/7/25.


Compliance Manager

Primary Care Giver

Date 12/8/25
Date 12/8/25

CTA RN Compliance Manager: Maribel Nakamine Rn

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

PCG's Name on CCFFH Certificate: Rose Ponce

(PLEASE PRINT)

CCFFH Address: 94-213 Kahuanani St.

(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 searched result for CG#2, CG#3 and HHM#2 were obtained and put them in the home binder.	1/13/2026	Home will use the iphone to schedule due date at least one month in advance to prevent future lapses.
8(a)(2)	APS/CAN/Fingerprint for HHM#2 was obtained and placed it the home binder.	09/5/2025	Home will use spreadsheet on laptop to identify when requirements are due to prevent them from expiring in the future. PCG will inform the SC when the item is due 3 weeks ahead.
16.(b)(5)	CG#2,CG#3 and HHM#2 received training on confidentiality policies and procedures. Document filed in the home binder.	12/18/2025	Home will conduct training on confidentiality policies/ procedures and client privacy rights to the newly added SG or household member. Home will use iphone to schedule due dates 2-3 weeks ahead to prevent future lapses.
41.(b)(7)	TB clearance for CG#2 obtained and put in the home binder.	12/15/2025	Home will use TB clearance form approve by the DOH. CG#1 will inform the SCG and household member to get their TB clearance to the DOH approve clinic.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/13/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine Rn

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

PCG's Name on CCFFH Certificate: Rose Ponce
(PLEASE PRINT)

CCFFH Address: 94-213 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?
41.(f)(1)	HHM#2 obtained TB clearance from his work. Document filed in the home binder.	4/17/2025	Home must secure TB clearnceon every SG and household member. Home will use a wall calendar to put all due dates on to prevent from expiring. CG#1 inform the SG and HHM when an item is due 3 weeks before. In the future CG#1 will notify CMA or visiting nurse to delegate new SG and HHM on their basic skill checks right away after being added.
41.(g)	Obtained CG#2& CG#3 in client#1 Basic skill checks. Document is placed in the CCFFH binder.	12/10/2025	CG#1 already stop giving the service/care. Home will not be doing it in the future.
43.(a)	Lapse can not be corrected.	12/9/2025	Home is not using the 2nd client bedroom and now is uncoppied. HHM#2 will not be using the room anymore.
43.(b)	Lapse cannot be corrected.	12/8/2025	Home will notify client's CMA that RN delegation needs to be performed within a week of a caregiver being added to the home.
43.(c)(3)	Obtained CG#2 & CG#3's RN delegation.	12/18/2025 and 12/10/2025	Client#1 has now the access to the telephone. Home have installed the landline phone accessible to the client.
43.(c)(6)(B)	Lapse cannot be corrected.	12/20/2025	Home will conduct a monthly and timely fire drill to all SGs. I will use an iphone to schedule the monthly fire drill to prevent future lapse.
46.(b)(2)	CG#3 conducted a fire drill and placed them in the home binder.	12/15/2025	

All items that were corrected are attached to this POC

PCG's Signature: *Rose Ponce*

Date: 01/13/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine Rn

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

PCG's Name on CCFFH Certificate: Rose Ponce
(PLEASE PRINT)

CCFFH Address: 94-213 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?
49.(e)	Home has obtained the smoking policy and put it in the CCFFH binder.	12/15/2025	CG#1 will ensure that the smoking policy is placed in the home binder. I will make sure to check if there is any new update to that policy.
50.(a)	Home has obtained Emergency Preparedness plan. Document filed in the home binder.	12/18/2025	Home will ensure all caregivers that will be added in the future must be trained and will sign the Emergency Preparedness plan.
51.(a)	Home has obtained the current automobile insurance policy and filed in the home binder.	12/9/2025	Home will use ipone to schedule the due dates 2 weeks in advance to get the current automobile insurance policy.
53(b)(9)	Lapse cannot be corrected.	12/12/2025	Home must secure the consent to the client or family for the video surveillance system. In the future for new client i will ask the family's POA to sign it.
53.(b)(15)	Home obtained the Visiting Policy Agreement. Document filed in the CCFFH binder.	12/15/2025	Home will use the spreadsheet on laptop to identify when requirements are due to prevent them from expiring. I will check the visiting policy document if there is an update.
54.(c)(2)	Service Plan's POA signed and put in the home binder.	12/12/2025	Home will make sure the service plan is signed as soon as possible by client's POA after the SP is received. I will notify the family's POA to sign right away to prevent from happening again.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/13/2026

CTA has reviewed all corrected items

P.4

CTA RN Compliance Manager: Maribel Nakamine RN

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

PCG's Name on CCFFH Certificate: Rose Ponce
(PLEASE PRINT)

CCFFH Address: 94-213 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?
54.(c)(5)	Client's #1 MAR was signed and placed in the home binder.	12/9/2025	Home will make a habit of signing the MAR daily after the medication is given prevent it from happening the same mistake.
54.(c)(6)	Client's #1 ADLs/Daily Care Flowsheet was signed. Document filed in the home binder.	12/9/2025	SCG#1 will make sure to sign the ADL's/Daily care flowsheet every day after the end of the daily service to avoid the same mistake.

All items that were corrected are attached to this POC

PCG's Signature: *Rose Ponce*

Date: 12/04/2026

CTA has reviewed all corrected items