

# Foster Family Home - Deficiency Report

Provider ID: 1-230007

Home Name: Sweet Pouli, CNA

Review ID: 1-230007-7

85-844 Lihue Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 12/19/2025

## 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 12/19/2025 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#2.  
APS/CAN was due on or before 7/18/2025 and was completed on 11/12/2025.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 7/18/2025 and was completed on 11/21/2025.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2.

# Foster Family Home - Deficiency Report

Foster Family Home

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.(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:

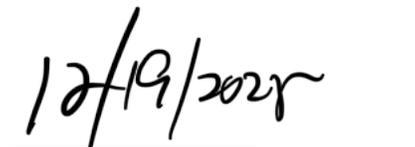
41(a)(2) CNA Prometric registry check are not present for CG#2.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance expired, was due on/before 6/20/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 8 hours of in-service training, but had only zero hours attended in 2024.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Laurie Foster LPN

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

PCG's Name on CCFFH Certificate: Sweet L Pouli

(PLEASE PRINT)

CCFFH Address: 85-844 Lihue St, Waianae Hawaii 96792

(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.2	APS/CAN checks were lapsed for CG #2 APS/CAN was due on or before 7/18/2025 and was complete on 11/12/2025. Lapse cannot be corrected.	12/19/25	Home will use wall calendar to put all due dates on. APS/CAN will be done at least 2 weeks before due date to prevent future lapses.
8.c	State name check (Ecrim) was lapse for CG #2 was corrected immediately	12/19/25	Home will use wall calendar to write a notes put on the date 2 weeks ahead
16.b.5	No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and sign already placed in home records	12/20/25	Home will use wall calendar to put all due dates on to remind CG#2 2 weeks before due dates
41.a.2	CNA Prometrics registry check are not present for CG#2 was corrected immediately	12/19/25	Home will use wall calendar to remind CG#2 ahead
41.b.7	CCFFH did not have evidence of current TB clearance or exclusion for CG#2 TB clearance was due on before 6/20/2025 was complete	12/19/25	Home will use wall calendar to put all due dates on TB will be done 2 weeks before due dates to prevent future lapses
41.c	CCFFH did not have evidence of required number of hours of in service training per calendar year for CG#2. CG#2 requires 8 hours of in service training but had only zero hours attended in 2024. Lapse cannot be corrected	01/09/26	Home have CG#2 training certificate but will use wall calendar to put a note and remind 2 weeks ahead

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

*Sweet L Pouli*

Date: \_\_\_\_\_

*03/02/26*

CTA has reviewed all corrected items

101821 S. Young