

Foster Family Home - Deficiency Report

Provider ID: 1-563115

Home Name: Victoria Morales, CNA

Review ID: 1-563115-19

1020 Ihi Ihi Avenue

Reviewer: Ryan Nakamura

Wahiawa HI 96786

Begin Date: 10/9/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 via deficiency letter with written plan of correction due to CTA by date indicated on the deficiency letter.

6.(d)(1): No evidence present in client records of current 1147 assessment for client #3. 1147 assessment present in client records ended on 2/5/2025.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): Evidence of lapse present in CCFFH records of criminal background check for CG#2 and HHM#1. Background check was due by 11/06/2024 and completed 9/26/2025 for CG#3 and HHM#1.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 CCFFH confidentiality training completed by CG#3.

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)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 41.(b)(7) Have a current tuberculosis clearance that meets department 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.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check completed for CG#1 and CG#3.
- 41.(b)(5): CG#1's current automobile insurance did not meet minimum \$100,000 bodily injury damage per person. No evidence present in CCFFH records of alternate transportation plan present of CG#1, CG#2, CG#3.
- 41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#3. Last TB clearance was due by 2/12/2025.
- 41.(g): No evidence present in client records of basic skills checked by client #1, #2, or #3's case management agency for CG#3.

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 CCFFH records of RN delegations completed by client #1, #2, and #3's case management agency for CG#3.

CTA unable to determine what tasks were delegated to CG#1 and CG#2 by client #1's case management agency. Delegated tasks page of RN delegations was missing from client's records.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(4) Fire shall include testing of smoke detectors

Comment:

- (3P)(b)(4): CG#1 unable to successfully test at least one smoke detector during inspection.

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.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

49.(c)(2) The primary or substitute caregiver shall follow infection control procedures and proper procedures for disinfecting equipment and devices used in the care of the client; and

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

Comment:

49.(b)(3): No evidence present of written consent signed by client of use for camera/monitor in client's bedroom and client's common living area for client #1.

49.(c)(2)(3): Multiple roaches and a rodent were visible in kitchen area where client's meals/food is prepared. Multiple walls were found in the interior walls with insects crawling in. Multiple holes noted in exterior walls that may allow pests and insects into the home. Hole noted in the front door of the CCFFH. There are holes that lead from the inside to the outside. CG#1 verbally stated they have a rodent problem. One wooden door when closed has a gap and appears to be broken on the bottom.

Structural concerns noted in client's bathroom with partial beam missing in the bathroom ceiling and wood appears to be rotting. CG31 verbally stated tha the client's bathroom was not built with a permit. There is a wall that does not go from ceiling to floor. There was a filing cabinet and plank of wood used to plug a large opening that used to be a doorway leading to outside. There were gaps between these objects and a large opening that would allow pests to come into the CCFFH. CTA has made a report to Honolulu County Department of Permitting and Planning requesting an inspection for safety reasons.

Dog urine was found on the floor near kitchen area when CTA arrived and was cleaned without disinfecting solutions.

Large cobwebs found in client bathroom. One of the three clients verbally stated that there are spiders in the client bathroom.

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): Internal emergency management policy has a signature sheet that is not signed by CG#3.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a): CG#1 provided bank statements for months of 8/2025, 9/2025 and 10/2025 with negative balances for the last two months. CTA unable to determine if CCFFH has adequate funds to operate and pay all of their expenses. It is unknown what the amount of income is/where it comes from and what expenses are being paid and unpaid.

Foster Family Home - Deficiency Report

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;
- 54.(c)(8) Personal inventory.

Comment:


54.(c)(2): No signature present by client/responsible party on service plan dated 5/12/2025 for client #1.

54.(c)(5)(6): No documentation present of daily ADL documentation since 9/31/2025 and from 8/17/2025 to 8/30/2025, 7/15/2025 to 7/31/2025, no documentation prior to 7/01/2025 for client #1 (admitted: 5/12/2025).

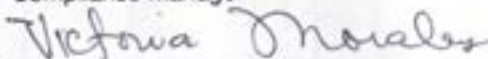
No documentation present of medication administration from 10/06/2025 to 10/09/2025 and from 4/27/2025 to 5/30/2025 and no documentation of ADLs/skilled nursing from 11/21/2024 to 11/30/2024 for client #2 (9/30/2024).

No documentation present of medication administration from 2/24/2025 to 2/28/2025 for client #3 and no documentation present of ADLs/skilled nursing checklist from 1/31/2025 to 1/01/2024 for client #3 (06/04/2021).

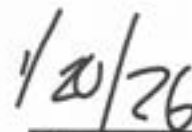
54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1.



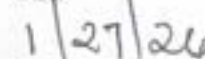
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
 (PLEASE PRINT)

CCFFH Address: 1020 Ihi Ihi AVENUE WAIHAWA HI 96784
 (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 done of client # 3 and it was place to the client binder	10-14-24	CG#1 will notify the C.M. one month before it expires. CG#1 remind the C.M. if she/he come visit one month before and if the C.M. doesn't give or done CG#1 can report to CTA.
8.(a)1	Lapses cannot be corrected		CCFFH will use a calendar to put all due dates on background checks will be done at least 2 weeks before due date. If the CG#1 will responsible for getting the background checks for all the HHH and SGG.

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 2/11/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
(PLEASE PRINT)

CCFFH Address: 1020 IHIHI AVENUE WAIHANA HI 96786
(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?
10-b-a 16(b)(5)	CCFFH CONFIDENTIALITY TRAINING COMPLETED BY CGH3 AND PLACED IN THE HOME BINDER	10-15-20	CCFFH SHOULD TRAIN THE NEW SUBSTITUTE AND SIGN THE CONFIDENTIALITY TRAINING UPON ADDING THEM.

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 02/19/2020

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES

CCFFH Address: 1020 Ihi Ihi AVENUE, WAIKAWA HI. 96784
(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?
41.9.2	Prometric registry check completed. It was placed in the home binder.	10/17/25	CG#1 will do the checks using the prometric website. It will be done every year for the first 2 years then every other year using the date of the last check to know when they are due.
3.P.6.4	Smoke detector was done checking. CCFFH replaced the batteries after the inspection and all the smoke detectors in the CCFFH are all working.	10/14/25	CCFFH should test the test the smoke detector battery every month.

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 12/23/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
(PLEASE PRINT)

CCFFH Address: 1020 Ihi Ihi AVENUE WAIKAWA HI. 96781
(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-b-5	<p>Automobile insurance changed to the right amount of bodily injury damage per person was obtained and placed to the home binder</p> <p>Alternative transportation plan form was done and sent with this POC for CTA to sign. When it is sent back to the CCFFH it will be placed in the home binder.</p>	<p>1/15/25</p> <p>12/22/25</p>	<p>CG#1 will check the amount of coverage each time the insurance is renewed. The CCFFH will never decrease the amounts of coverage below the minimum require mnts.</p> <p>New alternative transportation plan form will be made by CG#1 whenever a new driver or a SGG is added who does not drive clients</p>

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 12/23/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
(PLEASE PRINT)

CCFFH Address: 1020 Ihi Ihi AVENUE, WAKULAWA HI. 96786
(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-b.7	T.B. clearance was obtained for CG#3 and placed in the home binder, but the Dr. did not fill out the date on the form. CG#3 is in the Phils, she will return on Feb. 1, 2026. CG#1 will tell CG#3 she has to take the form F to her dr. to get the date of the T.B. done in Nov. 2025 put on the form.	11/10/25	Home will use spreadsheet on laptop to identify when T.B. clearances are due for each caregiver. CG#1 will check the spreadsheet every month. CG#1 will notify anyone who is expiring at least one month in advance by texting their cell phone. or however how CG#1 can notify them

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 12/23/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
(PLEASE PRINT)

CCFFH Address: 1020 Ihi Ihi Avenue Waikeke HI 96786
(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	R.D. DELEGATION WAS DONE FOR CG#3 BY THE CLIENT'S CMA AND IT WAS PLACED INTO THE CLIENT RECORD	10-14-24	HOME WILL NOTIFY CLIENTS CMA. R.D. DELEGATION NEEDS TO BE DONE WITHIN 7 DAYS OF A SCG BEING ADDED TO THE HOME. CCFFH CAN USE THE SCG AFTER THE DELEGATION IS COMPLETED.
41.g	BASIC SKILLS WAS DONE FOR CG#3 BY THE CLIENTS CMA IT WAS PLACED INTO THE CLIENTS BIDDER	10-16-24	HOME WILL NOTIFY CLIENTS CMA THAT BASIC SKILLS NEED TO BE DONE WITHIN 7 DAYS OF A CAREGIVER BEING ADDED TO THE HOME

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 02/17/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
 (PLEASE PRINT)

CCFFH Address: 1020 Ihi Ihi AVENUE WAIHAKA HI. 96786
 (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?
472 C	SIDE EFFECTS OF CURRENT MEDICATION OF CLIENT #1 WAS OBTAINED AND PLACED INTO THE CLIENT RECORD	10-23-25	CCFFH WILL OBTAIN THE SIDE EFFECTS OF THE MEDICATION FROM THE PHARMACY WHAT IS PLACED ON THEIR MEDICATION
49-C2.3	CCFFH HAVE A CONTRACT WITH THE PEST CONTROL WAS DONE. STRUCTURAL CONCERN WAS DONE BY THE LICENSED CONTRACTOR, THE CLIENTS BATHROOM, THE HOLE BY THE HALLWAY.	11-13-25 12-10-25	HOME WILL HAVE THE PEST CONTROL TO FOLLOW TO PREVENT THE RODENT AND ROACHES. CCFFH SHOULD NOTIFY A LICENSED CONTRACTOR UPON SEEING TO BE REPAIR TO BE DONE

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 02/19/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan Nakamura

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

PCG's Name on CCFFH Certificate:

VICTORIA MORALES

(PLEASE PRINT)

CCFFH Address:

1020 Ihi Ihi AVENUE WAHIAWA HI 96786

(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 C-2.3	DOG URINE WAS DONE CLEANING BY A DISINFECTANT WIPES. COBWEBS WAS CLEAN BY THE CLIENTS BATH-ROOM DONE	10-10-21	CCFFH LET THE DOG TO GO OUTSIDE THE HOUSE EVERY 2 HOURS TO URINE. CCFFH CLEAN THE FLOOR SHOULD CLEAN THE CEILING TO PREVENT COBWEBS.
50.a	Internal Emergency mgt. was sign BY THE CG# 3 DONE, ADD PLACE TO THE HOME BINDER	10-15-21	Home SHOULD LET THE NEW CG. TO SIGN THE INTERNAL EMERGENCY MGT. UPON ADDING THEM.

All items that were corrected are attached to this POC

PCG's Signature:

Victoria Morales

Date:

02/19/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
(PLEASE PRINT)

CCFFH Address: 1020 Iki Iki AVENUE, WAIHAWA HI. 96786
(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?
49.63	Consent was sign by the client and it was placed in client binder.	10/18/25	Home will have the consent to be sign upon admitting

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 12/23/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
(PLEASE PRINT)

CCFFH Address: 1020 Ikihi AVENUE WAIHAWA HI 96745
(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?
52-a	CCFFH in the future money will be deposited if she get payment from the client. The personal savings was use to do the renovation of the house	12/23/25	CCFFH will deposit the funds in a savings account and can be transfer to the business account to avoid negative in the bank account.

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 12/23/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: VICTORIA MORALES
 (PLEASE PRINT)

CCFFH Address: 1020 Ihi Ihi AVENUE WAKAWA HT 96786
 (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(e)(3)	Client done signing the service plan and place on client's binder	10-15-24	CG#1 and CMA will make sure that the client sign the service plan upon admission.
54(e)5,6	ADLs are done and place in patient binder	10-16-24	CG#1 will sign the flow sheet and place to the client binder after all done in the end of the day.
54(e)5,6	MAR are done and if was in the patient binder		CG#1 took the MAR of client 2 from quality case mgmt. Client 3 i took from the present caregiver from his binder.
54(e) 8	Client's inventory is done, the clothes that he wearing is the only belonging that we have	10-16-24	CG#1 will be the one who check of the belonging of the client upon admission.

All items that were corrected are attached to this POC

PCG's Signature: Victoria Morales

Date: 2/10/2024

CTA has reviewed all corrected items