

Foster Family Home - Deficiency Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, CNA

Review ID: 1-130050-20

91-706 Poloula Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 9/15/2025

| 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 during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/15/2025)

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1. Assessment in client records expired on 3/18/2025.

| 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;

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 evidence present in CCFFH records of sex offender registry searches conducted for CG#1, CG#2, CG#3, and CG#5.

8.(a)(1)(2): No evidence present in CCFFH records of 2 sets of consecutive years of background checks for CG#5. Only 1 set APS/CAN/Fingerprint present in CCFFH records dated 1/08/2024.

| 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's confidentiality policy trained to CG#5.

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check was conducted for CG#1 and CG#5.

41.(b)(7): CTA unable to determine TB clearance was completed within the past 13 months for CG#5. No date was documented on TB clearance present in CCFFH records.

No evidence present in CCFFH records of current TB clearance for CG#3. TB clearance was due by 12/08/2024.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen, first aid/CPR training completed for CG#3. Bloodborne pathogen was due by 1/2/2025 and first aid/CPR was due by 3/5/2025.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No evidence present in CCFFH records of caregiver sign-in and sign-out was documented in the past 12 months. Repeat citation.

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 client records of RN delegations by client #1's case management agency were given for oral and inhalation medication administration for CG#2, CG#3, and CG#5.

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.

Comment:

46.(a): No evidence present in CCFFH records of fire drill was conducted on month of 9/2024.

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;

Comment:

53.(b)(9): No evidence present in CCFFH records of written consent signed by client/responsible party of use of camera/monitor in common living/dining area.

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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)(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): No evidence present in client records of current service plan for client #1 and client #2. Service plan was due by 6/2/2025 for client #1. Last service plan present in client #2's records was dated 3/2/2024 and was due by 9/2/2024.

54.(c)(6): No CMA RN/SW monthly visits present by client #1's records for months of 6/2025, 5/2025, and 2/2025.



Compliance Manager



Primary Care Giver

9/15/25

Date
9/15/25

Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Baltazar Mayo

(PLEASE PRINT)

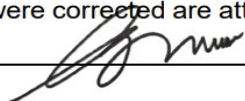
CCFFH Address: 91-706 Poloula Place, Ewa Beach, HI 96706

(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 | Printed and compiled on client record the updated form 1147 for client #1. Updated form was previously obtained but was not printed. | 9/30/25 | Home has created a centralized spreadsheet as a document control log and tracker as a compliance management tool. The said spreadsheet includes columns for: Document Name, Responsible Person/s, Effective Date, Renewal Date, Status (active, under review, expired) |
| 8.a.1 | Obtained updated Criminal History and Sex Offender Registry Search Records for CG#1, CG#2, CG#3 and CG#5 | 10/04/25 | Home will implement an Automated Reminder System and create recurring reminders for annual or semiannual reviews to ensure proactive document review. Home will initially start with available and familiar tool such as mobile phone calendar. Eventually, as Home eases in incorporating technology, Home will move on to advanced tool such as Google Calendar to set automated reminders 15-30 days before each document's due date. |
| 8.a.2 | Obtained updated APS/CAN/Fingerprint for CG#5. | 9/27/25 | |
| 16.b.5 | Obtained CG#5 signature for the Confidentiality Policy | 10/04/25 | Home shall establish a Standard Operating Procedure (SOP) as part of CG onboarding. This SOP will be in the form of a checklist that lists all necessary requirements (i.e Training certifications, Health Clearances, Compliance document requirements) and will be included in the CG onboarding folder. |
| 41.b.7 | Obtained TB clearance for CG#5 dated 2/12/25 | 10/04/25 | |
| | Obtained TB clearance for CG#3 dated 8/22/25 | 10/04/25 | Home will set a fixed schedule for quarterly Internal Compliance Audits scheduled on the 1st Monday of March, June, September and December. |
| 41.b.8 | Obtained certification from CG#3 for the following required trainings: - Bloodborne Pathogen Training Preventing Disease Transmission, Infection Control and HIPAA Privacy with validity date of 1/2/25 - First Aid/CPR Trainings Taken with validity date of 3/3/25 | 9/20/25 | This action plan will be incorporated with other prevention strategies for identified deficiencies caused by document shortfall. |

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 10/10/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Baltazar Mayo
(PLEASE PRINT)

CCFFH Address: 91-706 Poloula Place, Ewa Beach, HI 96706
(PLEASE PRINT)

| | | | |
|--------|---|----------|---|
| 41.a.2 | Obtained CAN Prometric Registry check conducted for both CG#1 and CG#5 | 10/04/25 | Home will print out CTA circulars upon receipt and will include in the 1st tab of the binder to ensure that new requirements will not be missed during internal compliance audits on new CTA requirements/directives. |
| 3P.b.2 | Caregiver sign-in and sign-out sheets taken out and filed into the correct binder as it was filed into a different folder/binder (similar to Fire Drill record) | 9/20/25 | Home will position the sign-in and sign-out sheets in a folder by the porch drawer (separate from the main binder) to ensure real-time sign-in and sign-out when entering and leaving the Foster Home. Home will start delegating functional tasks to an administrative assistant for better file management and avoid document mix up |
| 43.c.3 | Obtained RN delegation record for Oral Inhalation medication administration for Client#1 from Case Management Agency. | 9/27/25 | Home will establish an admission checklist to ensure required documents are completed. This checklist will be included in front of every client folder |
| 46.a | Filed Fire Drill record into the current binder. Fire Drill was executed 9/16/24 but documentation was filed into a different folder/binder | 9/20/25 | Home will start delegating functional tasks to an administrative assistant for better file management and avoid document mix up |
| 53.b.9 | Obtained signed consent documents for use of camera/monitor in common living/dining areas. | 9/16/25 | Home will establish an admission checklist to ensure required documents are completed. This checklist will be included in front of every client folder |
| 54.c.2 | Printed Service plan for both Client #1 and Client #2 – previously sent by CMA but hard copy was not filed in the main binder | 10/1/25 | Home will incorporate previous action plan of including this task delegated to administrative assistant for better file management |
| 54.c.6 | Obtained CMA RN/SW monthly (6/2025, 5/2025 & 2/2025) visit record for Client #1 | 10/7/25 | Home will establish a checklist for every to ensure required documents are completed. This checklist will be included in front of every client folder |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/10/25

CTA has reviewed all corrected items