

Foster Family Home - Deficiency Report

Provider ID: 1-594673

Home Name: Divina Mapanao, CNA

Review ID: 1-594673-20

91-1643 Auwaha Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 12/18/2025

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 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: 12/18/2025).

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): Evidence of lapse present in CCFFH records of 2nd set of consecutive years of APS/CAN/criminal background checks for HHM#3. Background checks were due by 6/20/2025 and completed 9/30/2025.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.

41.(b)(7): current TB clearance present in CCFFH records not signed by MD/APRN/DO/NP 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 given by client #1's case management agency for Oxygen and rectal suppository medication for all caregivers.

No evidence present in client records of RN delegations given by client #2's case management agency for rectal suppository medication administration.

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Foster Family Home

Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e): Client #1's diet order by physician was pureed and pudding thickened liquids. No education of special diet present in client #1's records.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5): Lone fire extinguisher found in CCFFH was empty.

Foster Family Home

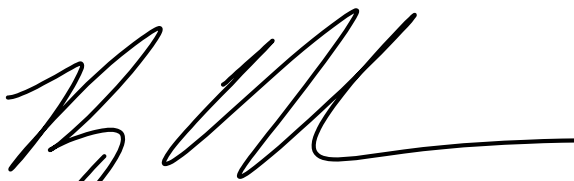
Client Rights

[11-800-53]

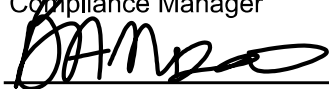
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

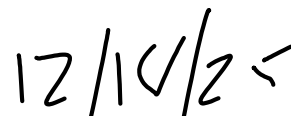
53.(b)(9): No evidence present in client records of written consent/acknowledgment signed by client/POA of use of camera/monitor in client's common living and dining area.



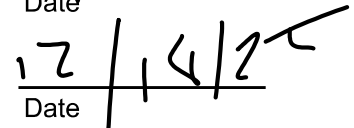
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Divina A. Mapanao

(PLEASE PRINT)

CCFFH Address: 91-1643 Auwaha St. 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?
8.(a)(1)(2)	Lapse cannot be corrected for HHM#3	9/30/2025	Home will use a wall calendar to put all due dates. Background checks will be done three weeks before due date to prevent future lapses.
41.(b)(4)	CG#4 Answered disclosure form.	12/28/2025	I will set up reminder alerts and put on calendar when CG disclosure form will need to be updated. I will also include in my binder.
41.(b)(7)	CG#3 completed TB clearance that meet Department guideline. TB clearance has been updated in file.	1/16/2026	I will confirm that CG has a two-step TB clearance that meets the Department guidelines. I will review CG's folder quarterly to determine whether any documents will expire soon.
43.(c)(3)	RN training and delegation was given to all CG for rectal suppository and oxygen for Client #1	12/23/2025	I will review and check my binders monthly to verify that all delegations are provide by my case management RN.
43.(c)(3)	RN training and delegation was given to all CG for rectal suppository for Client #2	12/27/2025	I will review and check my binders monthly to check that all delegations are provide by my case management RN.

All items that were corrected are attached to this POC

PCG's Signature: Divina A Mapanao Digitally signed by Divina A Mapanao
Date: 2026.01.16 21:34:52 -10'00'

Date: 1/16/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Divina A. Mapanao
(PLEASE PRINT)

CCFFH Address: 91-1643 Auwaha St. 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?
47.(e)	RN provided training guideline for consistency modification of foods and liquids for Client #1	12/23/2025	Client was recently admitted for hospice care and special diet was changed. PCG will follow up with RN going forward to ensure proper training is received for special diets.
49.(a)(5)	Lone fire extinguisher has been replaced and is in CCFFH.	12/28/2025	PCG will check that fire extinguisher is checked yearly to ensure that it is full and in proper working condition.
53.(b)(9)	Written consent and acknowledgement has been completed by POA to have CCTV in common living and dining area. CCTV consent form have been attached to Clients file.	1/1/2026 and 1/3/2026	PCG will verify that all new clients admitted in CCFFH will have POA review and acknowledge consent for CCTV use moving forward.

All items that were corrected are attached to this POC
PCG's Signature: Divina A Mapanao Digitally signed by Divina A Mapanao
Date: 2026.01.16 21:36:02 -10'00'

Date: 1/16/2026

CTA has reviewed all corrected items