

Foster Family Home - Deficiency Report

Provider ID: 1-240021

Home Name: Gemma Roa, CNA

Review ID: 1-240021-5

94-093 Awamoku Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/12/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/12/2025).

CCFFH applied to increase to 3 bed CCFFH.

6.(d)(1): No 1147 assessment present in client #1's records.

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 of 2nd set of background checks in consecutive years for CG#6. 2nd set was due by 3/22/2025 and completed 4/24/2025.

Foster Family Home Information Confidentiality [11-800-16]

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1): No consent/authorization signed by client's POA for use or disclosure of client information present in client records for client #1.

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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e): CCFFH applied to increase 3 bed CCFFH. CG#4, CG#6, and CG#7 not approved as 3 client bed substitute caregivers.

Foster Family Home - Deficiency Report

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 RN delegations given by client #1 and #2's case management agency for topical medication administration for all caregivers.

No RN delegations given by client #1's case management agency for CG#4, CG#5, and CG#6 for skin preparation medication administration.

Foster Family Home

Grievance

[11-800-45]

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(3): No signed acknowledgement present in client records of CCFFH's grievance policy by client #1's POA.

Foster Family Home

Records

[11-800-54]

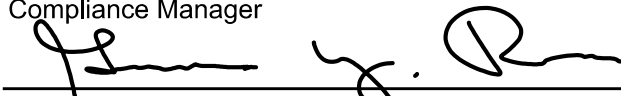
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

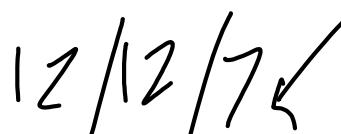
54.(c)(2): No evidence of current service plan present in client #1's records. Service plan was due by 11/13/2025.



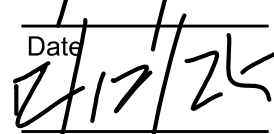
Compliance Manager



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: Gemma Y. Roa

(PLEASE PRINT)

CCFFH Address: 94-093 Awamoku Street, 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?
6(d)(1)	PCG obtained copies of 1147 assessment for Client #1.	12/22/25	PCG will keep track of documents and communicate with case management on annual LDC evaluations.
8(a)(1)(2)	N/A Lapse cannot be fixed	12/22/25	PCG will maintain record of dates for renewing background checks.
16(c)(1)	PCG obtained consent/ authorization for Client #1, signed by client's POA, for use or disclosure of client information.	12/22/25	PCG will keep track and regularly review client records on file.
41(e)	PCG has started assisting CG #4, #6, and #7 in gathering necessary documents to apply as 3-client bed substitute caregivers, and meet the 6 months document validity.	12/22/25	PCG will keep track of SCGs' application requirements and send to CTA as soon as possible to meet the 6 months document validity.
43(c)(3)	PCG's SCGs obtained delegations for topical medication administration for Client #1 and #2 and skin preparation medication administration for Client #1.	12/22/25	PCG will ensure that all caregivers are given delegations as required.
45(3)	PCG obtained acknowledgement signed by Client #1's POA of CCFFH's grievance policy.	12/22/25	PCG will regularly review and ensure all necessary client documents are on file.
54(c)(2)	PCG obtained new, active service plan for Client #1.	12/22/25	PCG will keep track of clients' service plans expirations and regularly communicate with case management for new service plans.

All items that were corrected are attached to this POC

PCG's Signature: _____

Gemma Y. Roa

Date: 12/24/25

CTA has reviewed all corrected items