

Foster Family Home - Deficiency Report

Provider ID: 1-230001

Home Name: Lelanie Soliman, NA

Review ID: 1-230001-8

1747 Hookupa Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/25/2026

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/25/26).

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

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

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.(b)(8)- CG#1's bloodborne pathogen and infection control training expired on 4/4/25.

41.(g)- CG#4 and CG#5 without the basic skills checked for Client #1 and Client #2.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- CCFFH's last monthly fire drill completed was on 2/20/25. No monthly fire drills done from 3/2025 thru 1/2026. CG#4 and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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

Comment:

49.(a)(4)- Emergency Exit pathway near the clients' bathroom/back door was obstructed with multiple coolers and household items. A wheelchair/walker will be unable to pass through safely in the event of an emergency.

49.(c)(3)- CCFFH's washing machine located near the clients' bathroom & bedroom was leaking- water puddle was noted on the floor in front of the washing machine.

Foster Family Home - Deficiency Report

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)- CG#4 and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;


54.(c)(8) Personal inventory.

Comment:

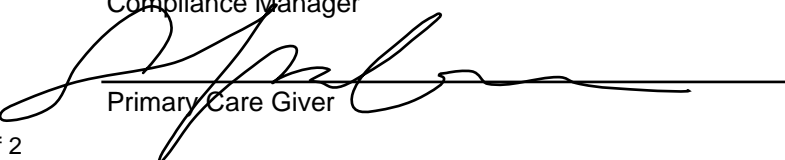
54.(c)(5)- Omeprazole medication was not transcribed/written in Client #1's February 2026 Medication Administration Record (MAR).

Client #2's Seroquel medication dosage did not match the client's MAR when compared with the client's MD order/list and the medication's label.

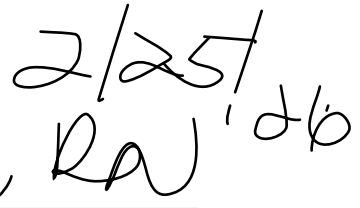
54.(c)(8)- No evidence that Client #1's Personal Inventory of Belongings was initiated/maintained.



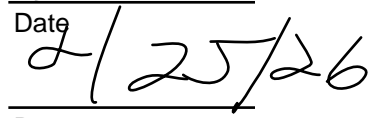
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Lelanie Soliman, NA
(PLEASE PRINT)

CCFFH Address: 1747 Hookupa St Pearl City, HI 96782
(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) (8) | Copy of current bloodborne pathogen was recovered and placed in CCFFH binder | 3/9/2026 | In the future, PCG will ensure all required training and documentation are properly filed in binder by doing monthly checks on binder. Copies will also be made to ensure documents will not be lost and are filed in binder within 7 days of receiving completed training. |
| 41.(g) | CG#4 and CG#5 basic skills check are done and completed by each client's CMA RN. Documentations are properly filed in corresponding binders for each client. | 3/9/2026 | In the future, when adding additional SCGs, all basic skills and delegations will be completed within 7-10 days. CMA will be notified of added CGs to ensure proper training and delegation are done within 7-10 days and before working with patients. |
| 46.(a), (b) (2) | Monthly fire drills for CG#4 and CG#5 are done and completed for the month of February 2026 and March 2026. Documents are filed in CCFFH binder | 3/9/2026 | In the future, PCG will plan 7 days in advance on fire drill date and will set an alarm/reminder on phone for the set date. PCG and SCG will ensure that once fire drill is conducted, paperworks are filled out and filed in the CCFFH binder that same day. |
| 49.(a) (4) | Coolers and other household items are removed from pathway | 3/10/2026 | PCG and SCGs will ensure that all emergency exits and pathways are kept free from objects/clutter that will block exitway. All CGs will do daily checks to ensure that there are no obstruction to exit ways, any obstructions will be removed immediately to ensure safety. |

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 3/10/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

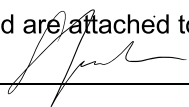
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Lelanie Soliman, NA
(PLEASE PRINT)

CCFFH Address: 1747 Hookupa St Pearl City, HI 96782
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| 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) (3) | Washing machine was replaced due to leaking issue | 3/9/2026 | In the future, PCG will ensure the home is well maintained and all areas of the home are safe for all occupants. Any maintenance issue will be fixed and/or replaced within 7-10 days of issue arising |
| 50.(a) | CG#4 and CG#5 are trained with CCFFH emergency preparedness plan, paperworks are completed and filed in CCFFH binder | 3/9/2026 | In the future, PCG will ensure all new caregivers are properly trained within 7-10 days of adding them to the CCFFH. Signatures for corresponding training will be obtained to ensure proper documentation to be done within 7-10 days as well. |
| 54.(c)(5) | Client #1's medication was updated in client's MAR. Order form sent to CMA in order to ensure all medication info are up to date. Client #2's medication was reconciled. Ensured that medication order matched the information on the MAR. | 3/9/2026 | In the future, PCG ensure all medication orders are updated in client's MAR upon receiving new med orders. CG#1 will look at all the medication administration records and bottles to ensure they both match every time before given a medication. Home will immediately notify CMA, pharmacy and/or doctor if they are different. |
| 54.(c)(8) | Client #1's personal inventory of belongings was found in client's room. Paperworks was then correctly filed in CCFFH binder | 3/10/2026 | PCG will ensure all necessary paperworks for clients are completed and filed in CCFFH binder within 7-10 days of admitting to home. Copies will be made same day of completion to prevent misplacing or losing paperworks. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/10/2026

CTA has reviewed all corrected items