

# Foster Family Home - Deficiency Report

Provider ID: 1-210018

Home Name: Leticia Torricer, CNA

Review ID: 1-210018-11

94-423 Uanii Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 12/8/2025

## 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: 12/8/2025).

## 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): No evidence present in CCFFH records of 1 set of APS/CAN and fieldprint fingerprint background checks for HHM#6, HHM#7, HHM#8, and HHM#9.

8.(a)(1): No sex offender registry search completed present in CCFFH records for HHM#6, HHM#8, and HHM#9.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

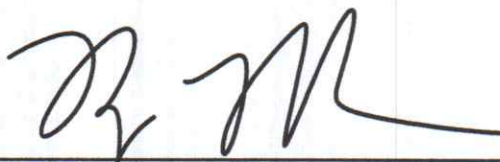
41.(a)(2): No evidence present in CCFFH records of CNA registry check for CG#1.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5): Discrepancy present in client #3's Celecoxib medication order in medication administrative record (MAR) and physician order in client records compared to medication label. MAR and physician order stated Celecoxib 100mg 1 capsule by mouth once a day but medication label stated Celecoxib 100mg 1 capsule by mouth twice a day. CG#1 stated that it was administered twice a day as label instructed.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/8/25  
\_\_\_\_\_  
Date

12/8/25  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Vosler / Laurie VAUSLER, LPN / Ryan Nakamura, RN

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

PCG'S Name on CCFFH Certificate: LETICIA TORRICER  
(PLEASE PRINT)

CCFFH Address: 94-423 Uanii Place, Waipahu, Hawaii 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?
8(a) (1) (2)	APS/CAN and Field print fingerprint background checks are done and placed into home record. HHM #6 HHM #7 HHM #8 HHM #9	12/17/2025 12/17/2025 12/29/2025 12/29/2025	Home will use Annual Caregiver's Action Plan where all due dates on. Home will require any incoming HHM to have background checks and should green light result before being added to the home. Likewise, home remind each HHM to do fingerprint again 15 days before due date.
8(a) (1)	Sex offender registry search are done and placed to home record. HHM #6 HHM #8 HHM #9	12/11/2025 12/11/2025 12/11/2025	Home will require all HHMs to have sex offender search within 15 days and should have Zero (0) record before being added to the home.
41(a) (2)	CNA registry check for CG #1 was obtained and placed in home record.	12/17/2025	Home will read and update herself with CTA requirements found through CTA news letter website page and follow directions upon read.
54(c) (5)	Medication discrepancy was corrected by updating the Pharmacy regarding changes in medications.	12/9/2025	CG1 will make sure that the MAR and Pharmacy label match with the PCP order before start giving medications. Home will immediately notify PCP, CMA and Pharmacy if there are different.

All items that were corrected are attached to this POC.

PCG'S Signature: *[Signature]*

Date: 12/31/2025

CTA has reviewed all corrected items.