

# Foster Family Home - Deficiency Report

Provider ID: 1-200002

Home Name: Lorelei Ferrer, CNA

Review ID: 1-200002-13

91-1011 Kumimi Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 10/14/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/14/25.

## 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;

Comment:

8.(a)(1) - No current Sex Offender check for HHM #4. Sex Offender checks need to be redone without street address for CG #1, CG #2, CG #3, CG #4, CG #5, CG #6, and CG #7.

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

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 training for confidentiality, policies and procedures and client privacy rights for GG #6 and CG #7 and HHM #4.

## 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.

Comment:

41.(b)(8) - No current First Aid certificate for CG #6.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) Fire, (3P)(b)(6) Fire - No documentation of Fire Drills being conducted every month, including all SCGs at least once a year since 9/2024.

# Foster Family Home - Deficiency Report

Foster Family Home



Quality Assurance

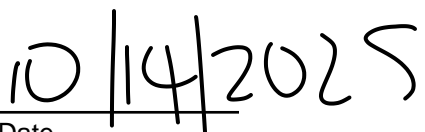
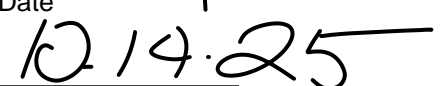
[11-800-50]

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:

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Comment:

50.(a) - Emergency management policies and procedures for emergency situations have not been signed by CG #5, CG #6, and CG #7.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

DAVE AYLING, RN

CTA RN Compliance Manager: \_\_\_\_\_

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

PCG's Name on CCFFH Certificate: LORELEI FERRER  
(PLEASE PRINT)

CCFFH Address: 91-1011 KUMIMI STREET AWA BAAHT, 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)	SEX OFFENDER CHECK RECORDS WITHOUT STREET ADDRESS FOR CG #1, CG #2, CG #3, CG #4, CG #5, CG #6, CG #7	11/10/25	HOME WILL USE A CALENDAR PLANNER TO MAKE A NOTE AND LABEL FOR SEX OFFENDER W/O THE ADDRESS.
16(b)(5)	TRAINING PROVIDED FOR CG #6, CG #7 AND HHM #4. CONFIDENTIALITY POLICIES AND PROCEDURES AND CLIENT RIGHTS SIGNED BY CG #6, CG #7 AND HHM #4.	10/30/25 11/14/25 <del>11/14/25</del>	HOME WILL ENSURE TRAINING WILL BE PROVIDED FOR ALL CARE GIVERS AND HHM (18 YRS OLD & ABOVE). HOME WILL USE A CALENDAR PLANNER TO MAKE A NOTE THAT ALL CAREGIVERS AND HHM (18 YRS OLD & OLDER) MUST SIGN AND DATE THE POLICIES AND PROCEDURES AND CLIENTS PRIVACY RIGHTS.
41(b)(6)	CURRENT FIRST AID CERTIFICATE FOR CG #6 OBTAINED ON 10/16/25	10/16/25	HOME WILL USE A CALENDAR PLANNER TO MARK AND UPDATE CURRENT FIRST AID FOR ALL CAREGIVERS.

All items that were corrected are attached to this POC

PCG's Signature: *Lorelei Ferrer*

Date: 11/20/25

CTA has reviewed all corrected items

CTA RN Compliance Manager:

DAVE AYLING, RN

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

PCG's Name on CCFFH Certificate:

LORELEI FERBER

(PLEASE PRINT)

CCFFH Address:

91-1011 KUMIHI 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?
3P(b)(1)	FIRE DRILL DONE WITH ALL CAREGIVERS PRESENT ON 11/14/25.	11/15/25	HOME WILL HAVE A CALENDAR AND CHECK LIST TO ENSURE FIRE DRILL WILL BE DONE WITH ALL CAREGIVERS PRESENT ONCE A YEAR.
5D(a)	EMERGENCY MANAGEMENT POLICIES AND PROCEDURES SIGNED BY CG #5, CG #6 AND CG #7	11/14/25	HOME WILL HAVE A CALENDAR PLANNER WITH NAME CHECKLIST FOR ALL THE CAREGIVERS TO SIGN POLICIES AND PROCEDURES.

All items that were corrected are attached to this POC

PCG's Signature:

*[Handwritten Signature]*

Date:

11/20/25

CTA has reviewed all corrected items