

# Foster Family Home - Deficiency Report

**Provider ID:** 1-510140

**Home Name:** Lucrecia Pastor, CNA

**Review ID:** 1-510140-20

94-392 Haa'a Street

**Reviewer:** Ryan Nakamura

Waipahu HI 96797

**Begin Date:** 12/8/2025

Foster Family Home	Required Certificate	[11-800-6]
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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]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search completed for HHM#1 and HHM#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA registry check for CG#2 and CG#3.

41.(b)(8): Evidence present in CCFFH records of lapse of first aid/CPR training for CG#4. CPR/first aid training was due by 12/2/2024 and completed 9/30/2025.

41.(f)(1): Evidence present in CCFFH records of TB clearance lapse for HHM#1. TB clearance was due by 6/15/2025 and completed 10/10/2025.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: Evidence present in CCFFH records of CG#4, a NA, was caregiver on duty exceeded 5 hours per day and 28 hours per week at CCFFH on dates 2/23/2025 to 3/16/2025 (documented 504 hours on duty), 7/11/2025 to 7/16/2025 (documented 144 hours on duty), and 9/16/2025-9/19/2025 (documented 96 hours on duty).

# Foster Family Home - Deficiency Report

**Foster Family Home**

**Medication and Nutrition**

**[11-800-47]**

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c): No list of side effects of current medications present in client records for client #1, client #2, and client #3.

47.(d)(1)(2): No documentation present in client records of physician order for use of full bed side rails and not addressed in client's service plan for client #1.

**Foster Family Home**

**Records**

**[11-800-54]**

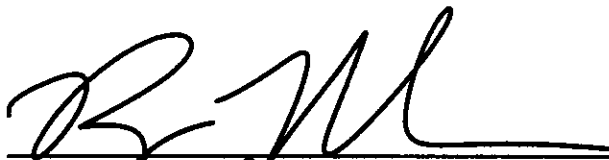
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


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

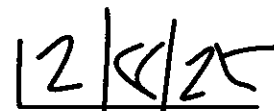
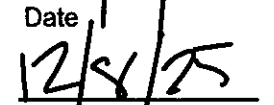
Comment:

54.(c)(2): Discrepancy noted in client #1's service plan, dated 10/18/2025, regarding client receiving hospice care. Per client records, client discharged from hospice services prior to admission to CCFFH on 4/25/2025.

54.(c)(5): Discrepancy present in client #2's medication administrative record (MAR) compared to physician order for Vitamin D3's dose. MAR stated Vitamin D3 5000iu 1 tablet by mouth daily, but physician order stated 1000iu 1 tablet by mouth daily.

  
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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: Lucrecia Pastor

(PLEASE PRINT)

CCFFH Address: 94-392 Haa'a 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?
B.(a)(1)	Sex offender registry search was obtained via website for HHM #1 and HMM #2.	12/13/25	CG will add reminder on calendar to include HHM when doing annual sex offender registry searches for SCGs.
41.(a)(2)	CNA registry check was obtained via website for CG #2 and CG #3.	12/13/25	CG will create a checklist of required documentation for each CG to ensure they're in Home Binder.
41.(b)(8)	Lapse of first aid/CPR training. Unable to correct.	12/9/25	CG will add due dates of CPR for all CGs to calendar and remind them to obtain their CPR 1 month before it's due. Will keep reminding them until it's obtained to prevent lapse.
41.(f)(1)	Lapse of TB clearance. Unable to correct.	12/9/25	CG will add due dates of TB clearance for all HHMs to calendar and remind them to obtain TB at least 1 month before it's due. Will keep reminding them until it's obtained to prevent lapse.
(3P)(b)(2)	Noted CG #4 exceeded work hours. Unable to correct.	12/9/25	CG will create a time sheet to place in home. CGs will track time worked to prevent mix up / exceeding allotted hours.

 All items that were corrected are attached to this POC
PCG's Signature: *Lucrecia Pastor*Date: 01-08-26
 CTA has reviewed all corrected items

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: Lucrecia Pastor

(PLEASE PRINT)

CCFFH Address: 94-392 Haa'a Street Walpahu, 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?
47.(c)	Obtained list of side effects for client's current medications.	12/13/25	CG will do monthly checks to client's binder to ensure all required documents are present. If no side effects for client's medications are present, will ask the RN Case Manager for a copy.
47.(d)(1)(2)	Obtained copy of physician order for full bed side rails.	12/17/25	CG will do monthly checks to client's binder to ensure all required documents are present. Will make sure all physician orders are filed and client's Service Plan includes all necessary information regarding client's care when reviewing with RN Case Manager.
54.(c)(2)	Service Plan corrected to reflect client's discharge from Hospice.	12/14/25	During review of client's Service Plan, CG will be sure to double check that information is correct regarding client's care. Will be sure to mention any discrepancies to RN Case Manager to update.
54.(c)(5)	MAR corrected to match physician's order.	12/14/25	CG will do checks to client's MAR every first of the month to ensure MAR, physician's order, and bottle all match. If MAR does not match, will hand write correct medication until RN Case Manager can correct and provide typed copy.

 All items that were corrected are attached to this POCPCG's Signature: *Lucrecia Pastor*Date: 01-08-26 CTA has reviewed all corrected items