

Foster Family Home - Deficiency Report

Provider ID: 1-230085

Home Name: Maria Angelica Camantang,
CNA

Review ID: 1-230085-6

94-1060 Kuhaulua Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 9/22/2025

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 (9/22/2025)

CCFFH Applied to increase to 3 bed CCFFH.

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 check in consecutive years for CG#5. 2nd set of background check was due by 10/11/2024 and completed 12/23/2024.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.(b)(7): Evidence of lapse present in CCFFH records of TB clearance for CG#2. TB clearance was due 12/17/2024 and completed 4/02/2025.

41.(e): CCFFH applied to increase to 3 bed CCFFH. CG#2, CG#3, and CG#5 are not approved as 3 client approved substitute caregivers.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) Staff: CCFFH applied to increase to 3 bed CCFFH. No evidence present in CCFFH records of minimum 1 year work experience for CG#3.

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 evidence present in client records of RN delegations for wound care and topical medication administration for all caregivers by client #1's case management agency.

Foster Family Home


Records

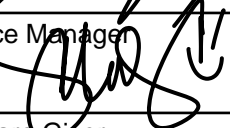
[11-800-54]

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

Comment:

54.(C)(2): Discrepancy noted in services addressed in service plan compared to services provided for client #2. Service plan did not address client had received hospice services. Client was admitted to CCFFH with hospice services.



Compliance Manager


Primary Care Giver

9/22/25

Date
9/22/25

Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Maria Angelica Camantang
(PLEASE PRINT)

CCFFH Address: 94-1060 Kuhaulua St 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?
8.(a)(1)(2)	Lapse cannot be corrected.	9/23/2025	Home will use a wall calendar to put all due dates on. Background checks will be done at least 3 weeks before due date to prevent future lapses.
41.(b)(7)	Lapse cannot be corrected.	9/23/2025	Home will use a wall calendar to put all due dates on. Background checks will be done at least 3 weeks before due date to prevent future lapses.
41.(e)	PCG already submitted a 3br SCG application for CG#2 and CG#5 . Waiting for CG#3 FP. CG#4has been removed for the mean time.	9/29/2025	PCG will use a checklist of all necessary documents and form needed prior to recertification.
(3P)(a)(4)	PCG was able to obtain job experiend form for CG#3	10/20/2025	PCG will use a checklist of all necessary documents and form needed prior to recertification.
43.(c)(3)	PCG inform the CM to do the necessary delegation for wound care and topical medication	9/24/2025	PCG will always double check the client's binder upon admission or if there is new medication will inform the CM to ensure that everything has been delegated. PCG will use a checklist of all necessary delegations.
54.(c)(2)	PCG obtained the updated Client's SP indiicating client is a hospice from Case Management.	10/20/25	PCG will read the SP thoroughly to ensure that every single detail is written and correct regarding to the client's care. PCG will also make a reminder to when is the next renewal / update of client's SP.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/21/2025

CTA has reviewed all corrected items