

Foster Family Home - Deficiency Report

Provider ID: 1-100016

Home Name: Marilyn Mooring, CNA

Review ID: 1-100016-19

94-531 Kipou Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/17/2025

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

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

Comment:

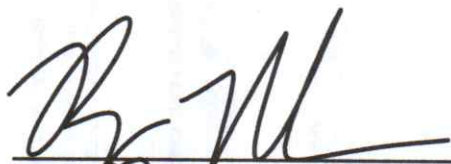
6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/17/2025).

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5): Routine Mirtazapine 7.5mg 1 tablet by mouth at bedtime not present in client #2's medication administration record (MAR). No documentation present of medication was administered.



Compliance Manager



Primary Care Giver

12/17/25
Date

12/17/25
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: MARILIN MOORING

(PLEASE PRINT)

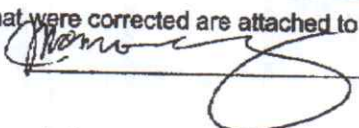
CCFFH Address: 94-531 KIPOU ST. WAIPAHO HI, 96797

(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?
54.(c)(5):	Faxed orders to CM to update MAR. No documentation wasn't done due to client #2 refusing however I should have hand written and documented incident which I already corrected.	12/29/25	Drs. Notes will be faxed immediately to CM to update any Medication changes, Update MAR and Meglog as according to Drs. order and Document medication as soon as Meds are given either refused or taken.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 1-8-26

CTA has reviewed all corrected items