

Foster Family Home - Deficiency Report

Provider ID: 3-565103

Home Name: Nilda Whiting, CNA

Review ID: 3-565103-18

73-1094 Kaiminani Drive

Reviewer: Ryan Nakamura

Kailua-Kona

HI c

Begin Date: 8/28/2025

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 via email due to CTA within 30 days. Report sent via email on 8/29/2025.

6.(d)(1): Evidence present in client records of current 1147 assessment was signed by RN for client #1, a private pay client. Private pay client's 1147 must be signed by physician.

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 present in CCFFH records of red light for HHM#1's background checks from Fieldprint dated 11/07/2024. No evidence present of exemption was made.

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 evidence present in CCFFH records of CCFFH's confidentiality/privacy training was completed by CG#2.

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

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

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance had been signed by MD/APRN/DO/NP. TB clearance present was read by LPN.

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 CCFFH records of RN delegations were given to CG#2 and CG#5 by client #2's case management agency. No RN signatures were present in delegation sign pages.

Foster Family Home - Deficiency Report

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;

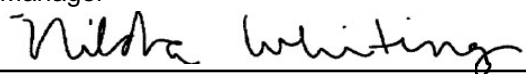
54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #1. Last service plan present in client records dated 11/5/2024 and was due by 5/2025.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and client #2.



Compliance Manager


Primary Care Giver



Date

Date

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: NILDA G. WHITING

(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR., KAILUA KONA, HAWAII 96740

(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?
6.d.1	Client #1 - 1147 assesment already been updated and signed by physician. Signed document was placed into client folder.	10/24/25	Home will make sure and double check private client 1147 document sign by physician.

All items that were corrected are attached to this POC

PCG's Signature: _____

Nilda G. Whiting

Date: _____

10/28/2025

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: NILDA G. WHITING

(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR., KAILUA KONA, HI 96740

(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	HHM#1 completed scheduled APS/CAN, fingerprint came red light, sent exemption, waiting for result. Copy of document was placed into home record	9/2/2025 4/7/2026	Home will use wall calendar to put all due dates on. Home will also use phone calendar reminder to set up schedule for background check at least 6 weeks before due date to prevent future lapse.
16.b.5	CG#2 already completed and signed confidentiality/privacy training. It was placed into CG#2 binder.	9/10/2025	Home will use spreadsheet on laptop to make list of document need to be completed and requirement are due to prevent them from expiring. CG#1 will inform other caregivers when item is due 6 weeks before.
41.b.7	CG#5 obtained TB clearance and had been signed by MD. It was placed into CG#5 binder	9/10/2025	Home will make sure and double check that TB clearance sign by MD/APRN/DO/NP for the assurance and security of the clients. and will be set up phone calender to review

All items that were corrected are attached to this POC

PCG's Signature: _____

Nilda G. Whiting

Date: _____

9/28/2025

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: NILDA G. WHITING

(PLEASE PRINT)

CCFFH Address: 73-1094 KAIMINANI DR., KAILUA KONA, HAWAII 96740

(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?
43.c.3	RN delegation was done and signed for CG#2 and CG#5 by the client#2 CMA, it was placed into client record.	9/5/2025	Home will notify client's CMA that RN delegation needs to be done within 2 days of caregiver being added to the home.
54.c.2	Client #1 - CMA/PCG contacted POA for signing service plan, completed and filled in client binder	9/20/25	Home will make sure to discuss service care plan if there is any changes with POA during monthly nurse visit and will be set up reminder using phone calender to review
54.c.8	Client#2 Personal inventory list is completed and filled in clients binder. Client#1 declined to do an inventory of her personal belonging. Signed document was placed into client binder	9/5/2025	Home will make sure inventory list completed and recorded within 2 weeks after client being admitted and will be set up reminder using phone calender to review every month.

All items that were corrected are attached to this POC

PCG's Signature: _____

Nilda G. Whiting

Date: _____

9/28/2025

CTA has reviewed all corrected items