

# Foster Family Home - Deficiency Report

Provider ID: 1-180033

Home Name: Renosle Campos, CNA

Review ID: 1-180033-16

1423 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 2/25/2026

## 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 inspection made for a 3-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 3/2/26).

## 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)- Client #1's current Service Plan/HAP dated 2/13/26 without the client/POA's signature. Client #2's Services Plan/HAP dated 9/29/25 also without the client/POA's signature.

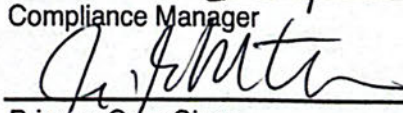
54.(c)(5)- Client #2's Medication Administration Record(MAR) for the month of February was last signed on 2/19/26 and August 2025's MAR was last signed on 8/28/25. Client #3's MAR was last signed on 2/17/26.



Compliance Manager

3/2/26

Date



Primary Care Giver

3/7/2026

Date

CTA RN Compliance Manager: Maribel Nakamine

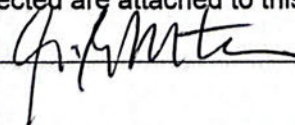
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Renosie Campos  
(PLEASE PRINT)

CCFFH Address: 1423 Noelani St. Pearl City Hawaii 96782  
(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)(2)	Client's #1 & #2 HAP was signed by both POA's and filled in the administrative binder.	2/27/2026	I have made a checklist on that parts of the client's binder that need to be reviewed. I have placed this checklist on the front pocket of the binder. I marked on my calendar and reminder board that date (every end of the month) when I need to review the chart based on the checklist. With this I can check on what is missing and I can complete as soon as possible.
54(c)(5)	Client #2 & Client # 3 MAR Can not be corrected but can be avoided through the following strategies.		I put my client's MAR on the clip board so everytime I give the medication, I need to sign on the MAR. This will prevent from having MAR not signed promptly.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/6/2026

CTA has reviewed all corrected items