

Foster Family Home - Deficiency Report

Provider ID: 1-200065

Home Name: Rhea Joy Nabua, CNA

Review ID: 1-200065-13

91-146 Wailohia Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 12/15/2025

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: 12/15/2025).

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 present in CCFFH records of APS/CAN/criminal background check for CG#2. Background checks were due by 6/21/2025 and completed 10/7/2025.

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 RN delegation present in client records of topical medication administration given by client #1's case management agency for all caregivers.

Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1): No physician order present in client records of use of full bed side rails for client #1. Order present for use of half bedrails but client used full bedrails during inspection.

Foster Family Home Quality Assurance [11-800-50]

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(b)(2): No evidence present of written adverse event report completed for hospitalization dated 2/4/2025 for client #1.

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Foster Family Home

Fiscal Requirements

[11-800-52]


- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No CCFFH current budget or fiscal records (i.e., bank statement) present to show facility's resources.



Compliance Manager



Primary Care Giver

12/15/25

Date

12/15/25

Date

CTA RN Compliance Manager: LAURIE VOSLER, LPN / Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: RHEA JOY D. NABUA
(PLEASE PRINT)

CCFFH Address: 91-146 WAILOHIA PL. EWA BEACH HI. 96706
(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	CG#2 APS/CAN was obtained dated 10/7/25. It was placed into home record binder.	12-16-25	I will create spreadsheet or calendar on the wall with all documents need to be updated, will schedule 2-3 weeks before it will expires.
43.c.3	RN Delegation for Topical medication administration for client#1 has been added. Obtained RN delegation from Case Manager. It was placed into client binder.	1/09/26	For any changes of care to all my clients, I will inform my CMA or RN right away and check if it is properly delegated to my clients.
47.d	Documentation was obtained for client#1 and it was placed in client binder.	12/16/25	PCG will notify CMA for Physicians order for client needs to be done within 7 days.
50.b.2	Adverse Event was completed for client#1 and it was placed into client binder.	1/04/26	PCG will notify CMA about Adverse Event immediately, send paperworks within 24 hour.
52.b	Bank Statement was already obtained and filed in the Home Binder. Please see attached paper for the record.	1/13/26	PCG will make sure to have a copy of updated bank statement and will file in the binder.

All items that were corrected are attached to this POC

PCG's Signature: *Rheal Nabua*

Date: 01-13-2026

CTA has reviewed all corrected items