

Foster Family Home - Deficiency Report

Provider ID: 1-512964

Home Name: Rosemarie Pe Benito, RN

Review ID: 1-512964-18

91-1027 Ho'ohilu Street

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).

6.(d)(1): 1147 assessment present in client #1's records expired 7/11/2025.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#3. APS/CAN clearance was due by 4/26/2025 and completed 11/4/2025.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7): Evidence of lapse of TB clearance present in CCFFH records for CG#1, CG#2, and CG#3. TB clearance was due by 2/3/2025 and completed 10/21/2025 for CG#1 and CG#2. TB clearance was due by 1/4/2024 and completed 10/24/2025 for CG#3.

41.(b)(8): CPR training present in CCFFH records expired 12/12/2025 for CG#1.

41.(c): 12 hours of annual in-service training in the past 24 hours and zero hours in the past 12 months present for CG#3.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): Evidence present in CCFFH records of all fire drills were conducted in the morning only and none at evening and night in the past 12 months.

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No documentation present in client records of list of side effects of current medications for client #1, client #2, and client #3.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): General liability insurance present in CCFFH records expired 11/30/2025.

Foster Family Home

Records

[11-800-54]


54.(c)(4) Client's emergency management procedures;

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


Comment:

54.(c)(4): No client specific emergency protocol present in client #1's records.

54.(c)(5): Discrepancy noted in client #2's Sodium Bicarbonate physician order compared to client's medication administration record (MAR). Physician order stated Sodium bicarbonate 650mg 2 tablet by mouth twice a day but client's MAR stated Sodium bicarbonate 650mg 1 tablet by mouth twice a day.



Compliance Manager



Primary Care Giver

12/15/25
Date

12/15/25
Date

CTA RN Compliance Manager:

^{Vosler}
~~Laurie Vauster, LPN~~ / Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Rosemarie Pe Benito

(PLEASE PRINT)

CCFFH Address: 91-1027 Hoohilu St. Ewa beach Hawaii 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?
6.[d][1]	1147 is obtained from Case Manager and placed on file.	1/3 /26	Home will use a wall calendar and hang on to Refrigerator to put all due dates of 1147 one month before due date to prevent future lapses. Coordinate with Case Management RN.
8.([a][2]	Lapse can not be corrected.	1/3/2026	Home will use a wall calendar and hang on to refrigerator as a reminder when APS/CAN are due and to complete 4 weeks before it expire.
41.[b][7]	Lapse can not be corrected.	1/3/26	Home will use a calendar wall and hang on to refrigerator as a reminder to secure all CCFFH TB clearance 4 weeks before it expire.
41.[b][8]	CG#1 obtained CPR training and placed on file.	1/3 /26	Home will use a wall calendar and hang on to refrigerator as a reminder of due dates 4 months before they will expire.
41.(c)	CG#3 obtained her 12hours in-service training and placed on file.	12/27/25	Home will use a calendar wall and hang on to refrigerator as a reminder to to secure 12 hours in-service training too all caregivers 4 weeks before it expire.

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 1/5/26

CTA has reviewed all corrected items

CTA RN Compliance Manager:

^{VOSLER, LPN}
Laurie ~~Vauster, LPN~~ / Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: RosemariePe Benito

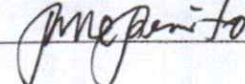
(PLEASE PRINT)

CCFFH Address: 91-1027 Hoohilu St. Ewa Beach Hawaii 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?
46.[a]	CG#1 performed Fire Drill on evening and CG# 2 at night and placed on file.	12/18/25 1/3/26	PCG will use a calendar wall and hang on to refrigerator as a reminder to do Fire Drill on morning, evening and night on different months of the year.
46.(b)(2)	CG#3 performed Fire Drill and placed on file.	12/23/25	PCG will use a calendar wall and hang on to refrigerator as a reminder to have all CCFFH perform a Fire Drill on morning, evening and night.
47.[c]	CG#1 obtained list of each medication side effects of all 3 clients and placed on file. [30 pages]	1/3/26	Primary Care Giver made a checklist as a reminder that all new medications of all clients will have a medication side effects list.
51.[a][1]	CG#1 obtained a General Liability insurance and placed on file. {Obtained prior but missed to put on file}	11/30/25 - 11/30/26	Home will use a wall calendar and hang on to refrigerator as a reminder to secure/renew General Liability insurance 1 month before it expire.
54.[c][4]	CG#1 obtained client's #1 specific emergency protocol from Case Management and placed on file.	12/ 29/ 25	Home will use a wall calendar and hang on to refrigerator as a reminder to secure an emergency protocol on all client's admissions.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/5/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: ^{Vosler} 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: Rosemarie Pe Benito
(PLEASE PRINT)

CCFFH Address: 91-1927 Hoohilu St. Ewa Beach Hawaii 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?
54.[c][5]	Client #2's Medication Administration Record was corrected for reflect Sodium Bicarbonate 650 mg. 2 tablets by mouth twice a day.	12/15/25	Primary Caregiver will use wall calendar and hang on to refrigerator as a reminder to reconcile physician medication order and MAR to match every month and when new medication is being ordered.

All items that were corrected are attached to this POC

PCG's Signature: *Rosemarie Pe Benito*

Date: 1/5/2026

CTA has reviewed all corrected items