

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: RUTH BONILLA CCFFH
(PLEASE PRINT)

CCFFH Address 94-216 LOKU PLACE WAIPAHU, 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?
(3P)(c) Fire	Lapse cannot be corrected.	12/05/25 and ongoing	The home will continue to assure that the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self-preserving) shall have a designated person available at all times capable of evacuating the client. CCFFH operator will maintain a log daily on assigned household members/substitute caregivers designated for evacuation while home have 3 clients needing physical assistance with capability of evacuating the clients. A report will be made to CCMA immediately if staffing issue is identify for further planning and assistance.
54 (a)(1)	Emergency procedures and an evacuation map: CCFFH map was modified and revised to include current physical layout. (see attached revised map)	12/05/2025 and on going	CCFFH operator will file the revised emergency procedures and an evacuation map copy to CCFFH binder and will post in a laminated format on each entry/exit of the home.
54 (c)(5)	Medication schedule checklist; The discrepancy noted between client #2's medication administrative record (MAR) and physician order/medication label for Primidone. Physician order stated Primidone 50mg 1 tablet by mouth daily but MAR stated Primidone 250mg 1 tablet by mouth daily was corrected. (see attached MAR) And the Sodium bicarbonate was not listed in client #2's MAR and documented administered twice a day was corrected. (see attached MAR)	12/05/2025 12/05/2025	CCFFH primary caregiver will continue to complete medication reconciliation of client's medications as ordered by their Primary Care Physician daily and when new orders/changes received, and to also include comparison of such medications from the bottles to ensure they both match every time before giving a medication. CCFFH PCG will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature Ruth Bonilla

Date 3/24/26

CTA has reviewed all corrected items

Foster Family Home - Deficiency Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-18

94-216 Loku Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 12/5/2025

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: 12/5/2025).

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(c) Fire: CTA arrived at CCFFH with only one person present with two bedbound clients present at CCFFH.. CG#1 stated designated for evacuation was not on or near CCFFH property. Client had 3 bedbound clients admitted at CCFFH but one was not present at CCFFH during CTA's inspection.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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

Comment:

54.(a)(1): CCFFH map present at CCFFH did not represent current CCFFH's physical layout.

54.(c)(5): Discrepancy noted between client #2's medication administrative record (MAR) and physician order/medication label for Primidone. Physician order stated Primidone 50mg 1 tablet by mouth daily but MAR stated Primidone 250mg 1 tablet by mouth daily.

Sodium bicarbonate was not listed in client #2's MAR and documented administered twice a day.

Compliance Manager

Date

Primary Care Giver

Date