Foster Family Home - Deficiency Report

Provider ID: 2-170022
Home Name: Felicisima Miguel, CNA
75-6158 Hoomama Street
Kailua-Kona HI 96740

Review ID: 2-170022-19
Reviewer: Ryan Nakamura
Begin Date: 3/27/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued via email with written plan of correction due to CTA within 10 business days (report issued: 4/02/2026).

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 training completed for CG#5 and HHM#1.

3 Person Staffing **3 Person Staffing Requirements** **(3P) Staff**

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) staff: No documentation present in CCFFH records of minimum 1 year work experience for CG#~~6~~ 5.

Foster Family Home **Fire Safety** **[11-800-46]**

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

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#6 conducted a fire drill in the past 12 months.

Foster Family Home **Client Rights** **[11-800-53]**

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

Client #3's bedroom did not have a bed or any other furniture present. Client had been sleeping on the living room couch from 3/25/2026 to 3/27/2026. CG#1 stated that she was waiting for a hospital bed but was planning to have client sleep in an unapproved upstairs bedroom until arrival of hospital bed but determined the client was unable to go upstairs safely. CG#1 state she offered client #3 another client's bed who was out of facility but client declined.

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Foster Family Home **Records** **[11-800-54]**

54.(a)(1)	Emergency procedures and an evacuation map;
54.(c)(5)	Medication schedule checklist;
54.(c)(8)	Personal inventory.

Comment:

54.(a)(1): No evacuation map of CCFFH present.

54.(c)(5): Client #1's Tresiba had physician order dose range of 60-65 units but no sliding scale present in client's records.

Documentation noted of CCFFH signed medications of medications not scheduled yet to be administered for client #2.

No documentation present of 2 routine medications from 3/01/2026 to 3/27/2026 for client #2.

Rosuvastatin and Magnesium Glycinate was not present in current medication administration record (MAR) for client #2.

Discrepancy noted in client #3's Trazodone order in client's MAR compared to physician order. MAR stated Trazodone 50mg PO at bedtime but physician order stated Trazodone 25 mg PO every six hours as needed.

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

Compliance Manager

4/2/26
Date

Primary Care Giver

4/8/24
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: FELICISIMA E MIGUEL
(PLEASE PRINT)

CCFFH Address: 73-1148 ALA KAPUA ST 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?
16.(b)(5)	PCG reviewed and explained Confidentiality to CG#5 and HHM#1. Confidentiality training completed and signed.	4/6/2026	PCG ensures that each SCG and HHM is compliant and follows the checklist to gather credentials and place them in the folder.
3P(a)(4)	CG#5 has updated the work experience application and attached it.	4/6/2026	PCG must use a calendar to serve as a reminder to monitor CNA certificate renewals, including job experience, which must always be attached to the SCG folder.
46.(b)(2)	CG#5 mandates that the delegate conduct or participate in a fire drill at least every 3-6 months.	4/3/2026	PCG must notify each SCG of the upcoming fire drill procedures in advance. PCG must use a calendar to remind them of future fire drills, especially if SCG has not participated in one.
53.(b)(9)	PCG must review HAR prior to admitting a client when no hospital bed is provided. The client was able to transfer into the new CCFFH with a hospital bed to ensure safety and regulatory compliance.	4/3/2026	PCG must maintain strict compliance with DHS licensing and operational regulations governing eligibility for care. Therefore, PCG must ensure that, prior to admission, the client's bed is in place in the client's bedroom for safety and privacy.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 6/8/2026

☒ CTA has reviewed all corrected items

101821 S. Young

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: FELICISIMA E MIGUEL
(PLEASE PRINT)

CCFFH Address: 73-1148 ALA KAPUA ST 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?
54.(a)(1)	PCG must recognize that the evacutation map is crucial for safety and compliance, and that it must be visible to all in the event of a fire. The evacuation map is attached for correction.	4/3/2026	PCG must make a checklist whenever move to a new location and check if compliance and fix the problem as soon as possible.
5.(c)(5)	Client move out from facility and can no longer be corrected.	4/3/2026	PCG will make sure medication orders, prescription label, and MAR must match. PCG must be consistent to review each new medication and notify providers as soon as possible if there is dicrepancy to correct the problem.
54.(c)(8)	Discrepancy can no longer be corrected.	4/3/2026	PCG must log personal inventory of a client's personal belongings immediatly upon admission. Inventory checklist must be in clients folder.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 6/8/2026

☒ CTA has reviewed all corrected items

101821 S. Young