# Foster Family Home - Deficiency Report

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| **Provider ID:** | **1-250046** | | |
| **Home Name:** | **Mary Grace Javier, CNA** | **Review ID:** | **1-250046-3** |
| 94-1257 Kahuaina Street | | Reviewer: | Po Lim |
| Waipahu HI 96797 | | Begin Date: | 5/4/2026 |

## 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 for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 5/4/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

## 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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were overdue CG#1, CG#2, and HHM#1.
CG#1 APS/CAN was due on or before 3/20/2026 and was not present in the CCFFH file.
CG#2 APS/CAN was due on or before 10/10/2025 and was not present in the CCFFH file.
HHM#1 APS/CAN was due on or before 3/19/2026 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue / lapsed for CG#1, CG#2, and HHM#1.
CG#1 State Name Check (eCrim) was due on or before 3/20/2026 and was not present in the CCFFH file.
CG#2 State Name Check (eCrim) was due on or before 10/10/2025 and was not present in the CCFFH file.
HHM#1 State Name Check (eCrim) was due on or before 3/19/2026 and was not present in the CCFFH file.

# Foster Family Home - Deficiency Report

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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| 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) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #2, #3, and HHM#2, #3.
CG#1 TB clearance expired, was due on/before 3/7/2026 and was not present in the file.
CG#2 TB clearance expired, was due on/before 10/11/2025 and was not present in the file.
CG#3 TB clearance is missing and was not present in the file.
HHM#2 TB clearance expired, was due on/before 8/6/2025 and was not present in the file.
HHM#3 TB clearance expired, was due on/before 8/9/2025 and was not present in the file.

41.(b)(8) CCFFH did not have evidence of current CPR and Bloodborne Pathogen/Infection control training for CG#1 and CG#2.
CG#1 CPR expires 3/31/2026.
CG#2 Bloodborne/IC expired 1/2/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2.
CG#2 requires 8 hours of in-service training, but had only 2 hours attended in 2025.

| Foster Family Home | Fire Safety | [11-800-46] |
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| 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) - No fire drill documentation present for August 2025 through April 2026.

46.(b)(2)- CG#1, CG#2, CG#3 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager — Date 5/4/26

Primary Care Giver — Date 5/4/26

**CTA RN Compliance Manager:** PO LIM

**Community Care Foster Family Home (CCFFH)**
**Written Plan of Correction (POC)**

**Chapter 11-800**

PCG's Name on CCFFH Certificate: Mary Grace Javier CCFFH
*(PLEASE PRINT)*

CCFFH Address: 94-1257 Kahuaina Street, 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? |
|---|---|---|---|
| 8.a.2 | CG#1 and HHM#1 has an appointment for Fingerprint on May 20, 2026<br><br>2026 APS/CAN was obtained for CG#2. It was placed into home record. | 5-20-26<br><br>5-14-26 | Home will use a wall calendar to put all due dates on. Background checks will be done at least two weeks before due date to prevent future lapses. |
| 8.c | 2026 eCrim was obtained for CG#1 and HHM#1. It was placed into home record.<br><br>eCrim for CG#2 was also obtain and it was placed into home record. | 5-4-26<br><br>5-14-26 | Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due two weeks before it is due. |
| 41.b.7 | TB clearance was obtained for CG#1, CG#2, CG#3, HHM#2 and HHM#3. It was placed into home record | 5-16-26 | Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. CG#1 will inform other caregivers when an item is due two weeks before it is due. |
| 41.b.8 | CPR was obtained for CG#1 Bloodborne and IC was obtained for CG#2 | 5-16-26 | Make sure make a note for every item that is going to due. |

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 5-15-26

☑ CTA has reviewed all corrected items

**CTA RN Compliance Manager:** Po Lim

**Community Care Foster Family Home (CCFFH)**
**Written Plan of Correction (POC)**

**Chapter 11-800**

PCG's Name on CCFFH Certificate: Mary Grace Javier CCFFH
*(PLEASE PRINT)*

CCFFH Address: 94-1257 Kahuaina Street, 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? |
|---|---|---|---|
| 41.c | 8 hrs inservice was obtained for CG#2 and it was placed into home record. | 5-15-26 | CG#1 needs to make a note or postage reminder for every CG for upcoming due papers. |
| 46.a | Lapse cannot be corrected. Start next month. | 5-15-26 | Home will use a wall calendar,checklist or sticky notes for reminder. |
| 46.b.2 | Lapse cannot be corrected. Start next month. | 5-15-26 | |

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 5·17·24

☑ CTA has reviewed all corrected items

101821 S. Young