

Foster Family Home - Deficiency Report

Provider ID: 1-250066

Home Name: Michelle Casey, CNA

Review ID: 1-250066-2

94-409 Kipou Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/12/2026

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 5/12/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

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

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#3 and CG#4.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.c.6. Client #2 did not have evidence of RN monthly visit notes for 1/2026 and 3/2026.

Compliance Manager

Primary Care Giver

Date

Date

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: MICHELLE CASEY
(PLEASE PRINT)

CCFFH Address: 94-409 KIPOU ST. 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.(b)(8)	Obtained current CPR/First Aid Training for CG#3 and CG#4 and placed on the CCFFH Binder	05/20/2026	Home will use a desk calendar to put all due dates and coordinate with caregivers weeks prior to due date to prevent future lapses.
54.(c) (6)	Monthly RN/Social Worker visit summaries for the month of January and March 2026 were placed and put on client # 2 chart.	05/13/2026	Home will remind and follow up RN/Social Worker with their monthly visit summary and to be documented and place on the chart of client #2 on a timely manner

☒ All items that were corrected are attached to this POC

PCG's Signature: Michelle Casey

Date: May 22, 2026

☒ CTA has reviewed all corrected items