Foster Family Home - Deficiency Report

Provider ID:	**1-616146**		
Home Name:	**Ofelia Suarez, CNA**	**Review ID:**	**1-616146-19**
2866 Numana Road		Reviewer:	Po Lim
Honolulu HI 96819		Begin Date:	5/11/2026

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 3 bed CCFFH re-certification.

§321-483 Community care foster family home, authority over and evaluation of.
(b) The department shall adopt rules pursuant to chapter 91 relating to:
(4) Requirements for primary and substitute caregivers caring for three clients in community care foster family homes including: (E) Mandating that the substitute caregiver have, at a minimum, one year prior work experience as a caregiver in a community residential setting or in a medical facility.
CG present for inspection today was approved for Less-than-3-hours CG only. Refer also to 3P.B.3. Within the report.

42.a.
Client #2 1147 expired on 4/9/2026, and no new in the file.
Client#3 1147 expired on 12/1/2025, and no new in the file.

Deficiency Report issued during CCFFH inspection via email on 5/11/2026 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)(7) Have a current tuberculosis clearance that meets department guidelines; and

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, CG#3, and HHM#1.
CG#1 and HHM#1 TB clearance expired, was due on/before 4/1/2025 and were not present in the files.
CG#3 TB clearance expired, was due on/before 5/1/2026 and was not present in the file.

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 12 hours of in-service training, but had only 8 hours attended in 2025.

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

(3P)(b)(2) Staff	Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.
(3P)(b)(3) Staff	There is no provision for a three-hour or less substitute caregiver in CCFFHs with three clients in the home. If CTA approved an SCG for three hours or less, that approval applies only for one or two clients in a home.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG#3 (NA) worked in a day or week. Last used was on 4/13/2025. Today, 5/11/2026, CG#1 was off the property and sheet was not used.

(3P)(b)(3) CG that was present today at the beginning of inspection was only approved for less-than-3-hours for 1 or 2 beds CCFFH and can not work in a 3 beds CCFFH.

Foster Family Home	Client Care and Services	[11-800-43]

43.(c)(3)	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client#2 and Client#3 for CG#3.

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

(3P)(b)(1) Fire	shall be conducted monthly
(3P)(b)(6) Fire	shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly / included each CG at least once per year.
CCFFH did not conduct a fire drill for March 2026 and April 2026.
CG#3 did not conduct a fire drill in the past 12 months.

Foster Family Home - Deficiency Report

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

54.(c)(1)	Client's vital information;
54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(4)	Client's emergency management procedures;
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;

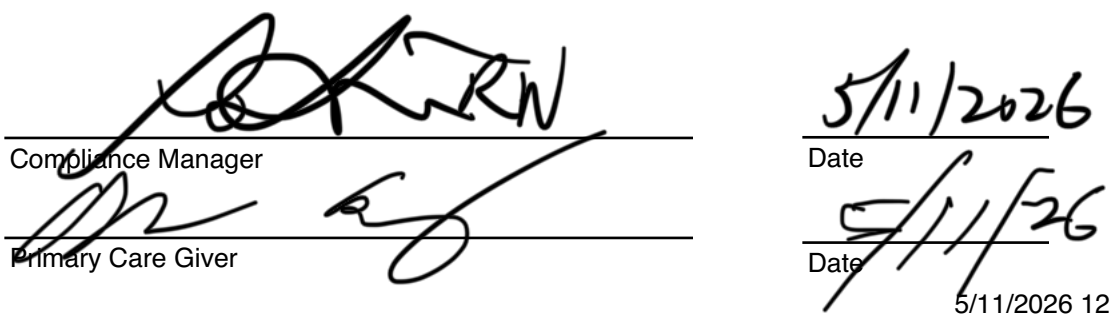
Comment:

54(c)(1) Client#2 did not have a current face sheet on file.

54(c)(2) No current signatures for service plan present for Client#1 for 11/8/2025 S/P.

54(c)(4) Client#2 did not have a POLST on file.

54(c)(6)Client#2 ADL flowsheet was not documented daily. Sheet not completed from 5/9/26 to 5/10/26.



Compliance Manager — Date

Primary Care Giver — 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: Ofelia Suarez *(PLEASE PRINT)*

CCFFH Address: 2866 Numana Rd. Honolulu HI 96819 *(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?
42.a.	1147 for client #2 and #3 was completed. It was placed into the client binder/record	05/12/26	Home will notify clients CMA that 1147 for client #3 needs to be submitted to the home being added to the binder.
41(b)(7)	TB clearance CG#1, CG#3 and HHM #1 was obtained. It was placed into home record.	05/14/26	Home will use a spread sheet on the laptop to identify when the requirements are due to prevent them from expiring. CG #1 will inform other caregivers when an item is due 2 weeks before it is due.
41.(c)	12 hrs in service training for CG #2 is done and it was placed into home record	05/11/26	Home will use a wall calendar to record all due dates for in service training.
(3P)(b)(2)	Provided 3 bed sign out and in sheet being used at CCFFH	05/14/26	Home will provide a documentation sign out sheet and sign in sheet to primary caregiver and substitute caregiver. During the absence of primary caregiver which do not exceed 5hrs per day for those NA caregiver.
(3P)(b)(3)	The CTA RN Compliance manager found out that the CNA during the inspection is only approved to work in 2 beds CCFFH, and can't work in 3 beds CCFFH	05/11/26	The substitute caregiver approval form must be thoroughly checked before a caregiver can work in a CCFFH to ensure that this violation will not happen again.

☑ All items that were corrected are attached to this POC

PCG's Signature: Ofelia Suarez Date: 5/20/2026

☑ 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: Ofelia Suarez
(PLEASE PRINT)

CCFFH Address: 2866 Numana Road Honolulu, HI 96819
(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?
43.(C)(3)	RN delegation for client #2 and client #3 for CG #3 is completed and it's pm client binder	05/14/26	Home will notify CMA that RN delegation needs to be completed for clients when added to the home.
(3P)(b) d.(6)	Lapse cannot be corrected. Fire drill conducted for May 2026	05/14/26	Home will need a calendar that fire drill shall be completed monthly and substitute caregiver should conduct fire drill once a year.
54(c)(1)	Current face sheet for client #2 is completed and face sheet copy is on the home	05/14/26	Home notify CMA to provide a copy for client face sheet when a new client is added to the home.
54(c)(2)	Signature for client #1 service plan is completed	5/12/26	Home will notify CMA client for service plan signature needs to be done and updated.
54(c)(4)	Provide POLST on file *for client #2*	05/15/26	When a client receives a POLST, a copy will be sent to the CMA and a copy will be placed in the front of the client's binder.
54(c)(6)	Client #2 API. flowsheet was completed from 05/9/26 to 05/10/26	05/11/26	Completed flowsheets ADL is in the binder. Caregivers will sign and complete ADL sheet after providing service to clients. Monthly, PCG will check that all ADL flowsheets are signed and complete.

☑ All items that were corrected are attached to this POC

PCG's Signature: Ofelia Suarez Date 04/21/2026

☑ CTA has reviewed all corrected items