Foster Family Home - Deficiency Report

Provider ID:	**1-617912**		
Home Name:	**Raymond Garcia, RN**	**Review ID:**	**1-617912-22**
92-7107 Elele Street		Reviewer:	Nicole Landes
Kapolei HI 96707		Begin Date:	5/6/2026

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 annual inspection performed. Deficiency report issued via email on May 8, 20926. Written plan of correction due to CTA within 10 business days.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG#1 and CG#2 Tb clearance expired 4/13/26
2 Minors residing in the home had expired tb Clearence 4/13/26 No exemption forms.

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.

43.(c)(6)(A) Be arranged and provided, in accordance with the service plan, in or outside the home according to the client's interests, needs, and capabilities; and

Comment:

43.c.3 and 43.c.6.A
My choice my way federal rules requires bathroom doors that can be locked by the client for privacy. There was no bathroom door present and no modifications to federal requirements were listed on the service plan.

There is a bucket in the bathroom that clients are required to throw toilet paper in. There was an odor in the room of urine and feces. CG#1 stated it was due to client clogging toilet all the time. This modification and reasoning were not documented in client record.

There are military/bulk food rations and hurricane supplies being stored in the client's bedroom. When asked, the client responded she wanted them in there. This modification/preference is not documented in client's service plan.

Foster Family Home **Medication and Nutrition** **[11-800-47]**

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) No Delegated Training on Puree Diet for CG#2. CG#1 is an RN does not require training.

Foster Family Home - Deficiency Report

Foster Family Home	Physical Environment	[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Refrigerator in client common area had food particles and dried spills in the fridge and freezer.

Foster Family Home	Records	[11-800-54]

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

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)(5). Client #1 Medication administration record had discrepancies.
Omeprazole Bottle stated take one capsule by mouth twice daily. MAR Stated take one capsule by mouth at bedtime.
There was no written order for Multivitamin, not listed on MAR. There was a Rx bottle present which was being given per CG#1.
Benadryl stated on the bottle 2 Teaspoon by mouth at bedtime and MAR stated 2 teaspoons by mouth twice a day.

54.(c)(6) CTA arrived at 9:15 am ADL records were signed and filled out for lunch and after lunch snack. All other ADL's filled in for the day.

LPN

Compliance Manager

5/8/2026
Date

RN

Primary Care Giver

5-13-26
Date

CTA RN Compliance Manager: Nicole Landes LPN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: RAYMOND GARCIA RN
(PLEASE PRINT)

CCFFH Address: 92-7107 ELELE STREET KAPOLEI HI. 96707
(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)7	2026 TB CLEARANCE WAS OBTAINED FOR CG#1 AND CG#2, AND 2 MINORS HHM. IT WAS PLACED INTO HOME RECORD.	5-10-26 5-10-26 5-13-26 5-13-26	HOME WILL USE A SPREADSHEET PER LAPTOP TO IDENTIFY WHEN REQUIREMENTS ARE DUE TO PREVENT THEM FROM EXPIRING DATE. CG#1 WILL COMMUNICATE TO OTHER CAREGIVERS WHEN AN ITEM IS DUE 4 WEEKS BEFORE IT IS DUE.
43.(c)(3)	MY CHOICE MY WAY FEDERAL RULES: BATHROOM DOORS INSTALLED AND CAN BE LOCKED BY CLIENT FOR PRIVACY.	5-6-26	PATIENT MD NOTIFIED AND CASE MANAGEMENT THAT PATIENT PREFERS CURTAIN AND/OR DOOR FOR PRIVACY WHEN USING BATHROOM. CLIENT'S PREFERENCE WILL BE INCLUDED IN HER SERVICE PLAN.
43.(c)(6)(A)	BUCKET REPLACED WITH TRASHCAN WITH LID. ODORS ELIMINATED WITH THIS CHANGE. TOILET CHECKED AND WORKS WITH NO CLOGGING PROBLEMS THIS IS DOCUMENTED IN CLIENT RECORD. PATIENT AWARE.	5-6-26	TRASHCAN WITH LID IS USED IN BATHROOM AND ROOM'S TO DISPOSE TOILET PAPER. ODORS TO ALL ROOMS ELIMINATED. CG#1 FIXED CLOGGING TOILET: TOILET DOES NOT CLOG ANYMORE AND WORKS AS FLUSHING TOILET NOW THIS IS DOCUMENTED IN CLIENT RECORD. MONTHLY PCG WILL INSPECT HOME INCLUDING CLIENT'S BATHROOM REPAIRS AND MAINTENANCE WILL BE DONE IN A TIMELY MANNER.

☑ All items that were corrected are attached to this POC

PCG's Signature: R. G. RN Date: 5-17-2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Nicole Landes LPN

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Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: RAYMOND GARCIA RN
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CCFFH Address: 92-7107 ELELE STREET KAPOLEI HI. 96707
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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?
49.(C)(6)(A)	PATIENT'S CASE MANAGEMENT AGENCY NOTIFIED TO INCLUDE IN CLIENT'S SERVICE PLAN TO DOCUMENT THAT PATIENT PERSONAL ITEMS OF MILITARY BULK SEALED FOOD RATIONS AND SEALED HURRICANE SUPPLIES STORED IN CLIENT'S BEDROOM PER PATIENT.	5-8-26	PCG WILL INFORM PATIENT CASE MANAGEMENT AGENCY, PRIMARY MD OF ANY NEEDS AND OR CHANGES. CLIENT'S SERVICE PLAN WILL INCLUDE THAT CLIENT'S PERSONAL EMERGENCY FOOD AND SUPPLIES WILL BE STORED IN THE CLIENT'S ROOM.
47. (e)	PCG RN DELEGATION OF DIETARY INTAKE RELATED TO PUREE DIETARY MEASURES AND ADMINISTRATION TO PATIENT DONE / EDUCATED TO SCG CNA.	5-6-26	CONTINUE TO MAINTAIN INSERVICE RELATED TO DIETARY MEASURE ON GOING AND FOR ANY CHANGES. PCG RN DELEGATION WILL BE PROVIDED TO CG's WHEN THERE IS A CHANGE IN SERVICES FOR CLIENT'S CARE.

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PCG's Signature: TR Cu RN Date: 5-17-2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Nicole Landes LPN

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Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: RAYMUND GARCIA RN
(PLEASE PRINT)

CCFFH Address: 92-7107 ELELE STREET KAPOLEI HI. 96707
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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?
49.(C)(2)	HOME CLEANED EVERYDAY SAFELY, WINDOWS AND DOORS INCLUDING FANS PROVIDE SAFE VENTILATION. INCREASED ADDITIONAL LIGHTS THROUGH OUT HOME. PROVIDED SAFELY.	5-6-26	CONTINUE TO MAINTAIN ONGOING LEVELS OF VENTILATION AND LIGHTING SAFELY. THE PREVENTION STRATEGY SHOULD INCLUDE A SPECIFIC SCHEDULE FOR CLEANING AND MAINTAINING THE HOME. DRY ERASE BOARD TO BE PLACED COMMON ARE AS A CHECK LIST TO BE USE DAILY. IN ADDITION CHALK BOARD AND CORK BOARD WILL BE USED.
49.(C)(3)	FOOD PARTICLES AND ANY DRIED SPILLS REMOVED IN FRIDGE AND FREEZER OF CLIENT COMMON AREA	5-6-26	PATIENT INFORMED ON IMPORTANCE NOT TO PUT ANY ITEMS THAT CREATE ANY FOOD PARTICLES OR DRIED SPILLS IN FRIDGE AND FREEZER AND PATIENT RECEPTIVE TO INFORMATION PROVIDED. THE REFRIGERATOR AND FREEZER USED BY THE CLIENTS WILL BE INCLUDED IN A CLEANING AND MAINTENANCE SCHEDULE OF THE CCFFH.

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PCG's Signature: RN Date: 5-17-2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Nicole Landes LPN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: RAYMOND GARCIA RN
(PLEASE PRINT)

CCFFH Address: 92-7107 ELELE STREET KAPOLEI HI. 96707
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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.(c)(3)	CLIENT #1 MEDICATION: CLARIFICATION ORDER PER MD NOTIFIED AS INDICATED. OMEPRAZOLE DR 20 MG CAPSULE TAKE 1 CAPSULE BY MOUTH EVERY BEDTIME. MULTI VITAMIN TABLET: TAKE 1 TABLET BY MOUTH DAILY. CHILD ALLERGY RELIEF 12.5 MG/5 ML: TAKE 2 TEASPOONFUL (10 ML) BY MOUTH EVERY BEDTIME. NOTED: ALL ABOVE MEDICATIONS INDICATED TRANSCRIBED TO MAR, PATIENT CASE MANAGEMENT AGENCY NOTIFIED.	5-8-26	PCG WILL MONITOR, INFORM MEDICAL STAFF / TEAM FOR ANY CHANGES IN PATIENT CARE, MEDICATIONS AND INTERDISCIPLINARY PLANS OF CARE. PCG WILL NOTIFY CNA OF ANY CHANGES IN CLIENT's MEDICATION, AND CHECK THAT MD ORDER LABEL ON MEDICATIONS MATCH THE CLIENT's MAR.
54.(c)(6)	NOTED: PATIENT PREFERS LUNCH AND AFTER LUNCH SNACK EARLIER / DAILY THEN ON RANGE INDICATED IN PATIENT CHART.	5-6-26	MEDICAL STAFF AND TEAM INFORMED ON PATIENT PREFERENCE AND DOCUMENTED.

☑ All items that were corrected are attached to this POC

PCG's Signature: R. L. RN Date: 5-17-2026

☑ CTA has reviewed all corrected items