Foster Family Home - Deficiency Report

Provider ID:	**1-130005**		
Home Name:	**Redentor Rous, CNA**	**Review ID:**	**1-130005-19**
91-829 Kimopelekane Road		Reviewer:	Laurie Vosler
Ewa Beach HI 96706		Begin Date:	1/22/2026

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 for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of receiving Report/Survey.

Foster Family Home **Background Checks** **[11-800-8]**

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) Fingerprint was overdue/lapsed for CG#1. Fingerprint was due on or before 11/15/2025 and was last completed on 11/15/2023.

8.(a)(1) Sex Offender Registry Check was not present in the CCFFH file for CG# 1, 2, 3, & 4..

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 1.
APS/CAN was due on or before 11/15/2025 and was last completed on 11/15/2023.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41(a)(2) CNA Prometric checks showed expired for CG# 1 OF 11/30/2025 and CG# 2 of 06/30/2025.

CG# 2 Needs a note from provider clearing her to work as a SCG due to her current heart condition.

41(a)(3) No job experience form present for CG# 1.

41.b.4 Disclosure form present for CG# 1, needs to be updated.

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 3.

Foster Family Home - Deficiency Report

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)(5)(A)	Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(3) No RN delegation present for Client# 2 for CG# 2, 3, & 4.

43.(c)(5)(A) - During CCFFH inspection, CTA compliance managers observed unsafe way of storing clients' medications. All of the clients' medications were stored on an open bookshelf situated against a wall near the CCFFH's dining area. Client #1 was seen trying to reach out for a medication.

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

49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;
49.(a)(6)	A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4), (a)(6)- CCFFH's hallway near the clients' bedrooms was blocked with screen doors on each ends; locks were located on the outside portion of each doors. Clients would be unable to safely exit in the event of an emergency evacuation/fire.
Note that CG#1 removed the door that was located inside and changed the end door's lock to an appropriate doorknob that can be lock from the inside.

49.(c)(3)- Clients' Bedrooms
Each of the CCFFH clients' bedrooms were noted to be dirty.
Client #1's bedroom windows/jalousies/screens were very dusty; noted some dead bugs on the windowsill.
Client #2's bedroom with strong odor of human urine. Windows/jalousies/screens were very dusty and cobwebs/dead insects/bugs were noted on the windowsills. There was a large size mirror against the wall near the door. Mirror was noted to have multiple cracks which can possibly hurt the client.
Client #3's bedroom windows jalousies/screens were also very dusty; there were cobwebs/dead/dried little insects/bugs were noted on the windowsill.
Clients' Bathroom
Clients' bathroom with strong smell of human urine; bathroom sink was dirty and stained; faucet handles with whitish stains. Back of the toilet seat was caked with brownish materials (dried stools?). Bathroom floor was dirty noted black spots/mildew surrounding the base of the toilet. Bathroom switch was dirty/grimy and bathroom ceiling with multiple cobwebs.
CCFFH's Kitchen (semi-outdoor/dirty kitchen) sinks with piles of dirty dishes, plates, pots and pans. Noted several live maggots crawling between the dirty dishes and plates.

Foster Family Home - Deficiency Report

Foster Family Home	Quality Assurance	[11-800-50]

50.(e)	The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:
50.(e)(1)	Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e), (e)(1)- CCFFH binder and clients' charts records/documents were in disarray making them difficult to survey. Also noted that there were live/dead cockroaches/bugs inside clients' charts and CCFFH binder. CTA compliance surveyors wore gloves during charts review.

Foster Family Home	Records	[11-800-54]

54.(c)(2)	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
54.(c)(5)	Medication schedule checklist;
54.(e)	When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.(c),54(c)(2) No current service plan present for Client# 2. None present in binder.

54.(c),54(c)(5) MAR was not documented daily, last completed Nov. 30, 2025, for Client# 1.

54.(c),54(c)(5) No date or times for blood sugars for Client# 3.

54.(e)- CCFFH with 2 client's charts (discharged) that were no longer residing in the CCFFH. Charts were filed in an open shelf located near the CCFFH dining area.

LPN / RN

Compliance Manager Laurie Vosler, LPN / Maribel Nakamine, RN

06/10/2026
Date

Primary Care Giver:

Substitute Care Giver: Ruth Grace Rocs

6/10/2026
Date

6/10/2026 1:19:31 PM

CTA RN Compliance Manager: Laurie Vosler

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

PCG's Name on CCFFH Certificate: Redentor Rous
(***PLEASE PRINT***)

CCFFH Address: 91-829 Kimopelekane Rd. Ewa Beach HI 96706
(***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)(1)	Fingerprint updated for CG#1 and was placed into home record	6/16/2026	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 4 weeks before it is due.
8(a)(1	Sex Offender Registry Check was obtained for CG # 1,2,3,4 and was placed into home record.	6/4/2026	Home will use a wall calendar to put all necessary requirements on. Double check it and see that all require ments have been obtained.
8(a)(2)	APS/CAN Checks have been provided/obtained for CG#1. Was placed into home record.	6/1 6/2026	A white board will be provided to write all requirements for all caregivers to see/check which requirement is near expiration or missing that needed to be provided.
41(a)(2)	Prometric Checks obtained for CG#1 and CG#2	CG#1 1/31/2026 CG#2 1/26/2026	Home will check every month to know which requirement is near expiration to prevent said requirement from expiring.

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 6/26/2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Vosler

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

PCG's Name on CCFFH Certificate: Redentor Rous
(PLEASE PRINT)

CCFFH Address: 91-829 Kimopelekane Rd. Ewa Beach HI 96706
(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(a)(2)	Doctor's note provided for CG#2 and was placed in home record	6/18/2026	'doctor's note should be provided
41(a)(3)	Job experience form provided for CG#1	6/18/2026	Home will have a checklist for all requirement for all Caregivers and requirement forms will be checked and provided and place in home record
41(b)(4)	Disclosure form provided for CG#1	6/11/2026	Home will have a checklist for all requirement for all Caregivers and requirement forms will be checked and provided and place in home record
41(b)(7)	TB clearance for CG#3 is provided and placed in home record	2/9/2026	Home will have a checklist for all requirement for Caregivers and all forms will checked and provided and place in home record.
43(c)(3)	RN delegation for clients 1,2,3	2/09/2026	RN delegations should be provided to all CGs before working with clients

☑ All items that were corrected are attached to this POC

PCG's Signature: _____ Date: 6/26/2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Vosler

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

PCG's Name on CCFFH Certificate: Redentor Rous
(***PLEASE PRINT***)

CCFFH Address: 91829 Kimopelekane Rd Ewa Beach HI 96706
(***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)(5)(a)	Client's medication are placed in a locked cabinet	1/23/2026	All client's medications should be placed in a locked cabinet.
49 (a)(4)	Screen door removed, doorknob replaced	1/22/2026	No barrier should hinder clients to safely exit in the event of emergency,
49 (c)(3)	All rooms are cleaned thoroughly	1/22/2026	Home will have a weekly cleaning schedule. Home will be kept clean for a better place to live,
	Bathroom was cleaned	1/23/2026	Bathrooms was cleaned. Home will have a weekly cleaning schedule. Home will be kept clean for a better place to live,
	Kitchen was kept clean, No more dirty dishes	1/23/2026	Kitchen kept clean. Home will have a weekly cleaning schedule. Home will be kept clean for a place to live.

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PCG's Signature: _____ Date: 6/26/2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Vosler

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

Chapter 11-800

PCG's Name on CCFFH Certificate: Redentor Rous
(*PLEASE PRINT*)

CCFFH Address: 91829 Kimopelekane Rd Ewa Beach HI 96706
(*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?
50 (e)(e)(1)	Binders, client's charts are clean	1/23/2026	All binders, client's charts should be kept clean always
54 (c)(2	Client 2 was discharged on February 26, 2026	2/26/2026	All clients should have an updated service plan in their binder
54 (c)(5)	Client 1 was discharged on April 1, 2026	4/1/2026	MAR should be completed when giving client medications.
54 (c)(5)	Blood sugar reading was given date and time upon checking for client 3. Client was discharged May 1, 2026	1/23/2026	Date and time should be provided upon checking clients vitals
54 (e)	Client's charts who are discharged have been returned to the case manager	1/24/2026	Charts of discharged clients should be returned to case manager right after client is discharged or expire

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 6/26/2026

☑ CTA has reviewed all corrected items

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