Foster Family Home - Deficiency Report

Provider ID:	**1-140054**		
Home Name:	**Shella Gem P. Pammit, CNA**	**Review ID:**	**1-140054-18**
94-441 Kuahui Street		Reviewer:	Maribel Nakamine
Waipahu HI 96797		Begin Date:	6/4/2026

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 made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 6/4/26).

Foster Family Home	**Information Confidentiality**	**[11-800-16]**

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - HHM#2 without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights training.

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

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.(c)- CG#2 was short of 15 hours of the required annual in-services for the years 2025 and 2026; 2025 short of 4 hrs. and 2026 short of 11 hours.

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.

Comment:

(3P) (b)(2) Staff- CCFFH had not been using any 3 person home Sign Out sheets to track the hours that PCG (CG#1) was out of the home. CTA Compliance Manager was unable to verify if CCFFH is using NA's and CNA's per rules.

Foster Family Home - Deficiency Report

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

47.(c)	Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.
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.(c)- No list of medications' side effects was present in Client #1's chart/records.
47.(e)- No evidence that CG#1 and CG#2 were provided the training for Client #1's specialized diet of pureed and honey-nectar consistency of thickened liquids.

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

49.(a)(4)	Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- Clients' bathtub with a step up; no wheelchair or shower transfer chair present for safety.

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

50.(a)	The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home	Client Rights	[11-800-53]

53.(b)(9)	Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with a video monitoring device in the living room; no written consent was present in Client #1's chart/records from client's POA.

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;

Comment:

54.(c)(2)- Client #1's Service Plan/HAP dated 12/1/25 did not address client's specialized diet of pureed/honey-nectar thickened liquids.
54.(c)(5)- There were 2 medications(Bisacodyl and Colchicine) that were not available during client's medications reconciliation.

Compliance Manager — Date 6/4/26

Primary Care Giver — Date 6/4/26