

# Foster Family Home - Deficiency Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

Review ID: 1-562068-12

95-528 Wailoa Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 10/13/2023

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of issuance (issued on 11/13/23).

## 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)- CG#4 and CG#5 without access to the CCFFH binder and all of the 3 clients' charts.

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

54.(a) Each home shall maintain an administrative notebook including but not limited to

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

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)(3) Current copies of the client's physician's orders;

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.(a), (b), (b)(1), (c), (c)(1), (c)(2), (c)(3), (c)(4), (c)(6)- CG#1 was not home at start of inspection. CG#4 & CG#5 without access to the CCFFH binder and all of the 3 clients' charts.

Maribel Nakamine, RN

Compliance Manager

Leticia Dagulo

Primary Care Giver

11/13/23

Date

11/14/23

Date

# Foster Family Home - Deficiency Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

Review ID: 1-562068-13

95-528 Wailoa Loop

Reviewer: Maribel Nakamine

Millilani HI 96789

Begin Date: 10/27/2023

## 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 second visit made for a 3-bed CCFFH to continue recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due within 30 days of issue (issued on 11/13/23).

6.d.1- Client #2 and Client #3 were without a current 1147 present in both charts.

## 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;

Comment:

8.(a)(1)- CG#1, CG#2, CG#3, CG#4, HHM#1, and HHM#2's Ecrim all lapsed 12/7/22 and was not renewed until 12/12/22.

## 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#3's TB clearance lapsed on 2/26/23 and was not renewed until 7/21/23. CG#4's TB clearance also lapsed on 3/26/23 and was not renewed until 7/31/23.

## 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- CG#5(NA) was documented in the CCFFH's Sign In/Out Sheet to work for 24 hours in the absence of CG#1(Primary Caregiver)who was away from CCFFH. CG#5 admitted to having worked for more than 5 hours per day and for more than 28 hours per week on several occasions.

## 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.

Comment:

47.(c)- No list of medications' side effects was present in Client #1's chart/record.



# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- There were 2 medications that were not available during CCFFH inspection/survey for Client #1.

Maribel Nakamire, RN 11/13/23  
Compliance Manager Date  
Leticia Dagulo 11/14/23  
Primary Care Giver Date