

# Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-15

94-605 Palai Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/22/2024

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of report given to CCFFH (sent on 4/24/2024).

## 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): No documentation of 2 sets of fingerprints background checks within one year for CG#4. 1 set of fingerprints completed on 2/26/2024. CG#4 had an appointment on 6/14/2023 but was canceled.

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

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(7): No documentation provided by CCFFH of current TB clearance for CG#2 and CG#4. Based on documentation provided, CG#2's TB was due 6/29/2023 and CG#4's TB was due 9/08/2023.

41.(b)(7): Evidence of lapse of TB clearance for CG#3 based on documents provided by CCFFH. TB clearance was due 8/14/2023 and was completed 9/11/2023.

41.(b)(8): No documentation provided by CCFFH of First Aid certification for CG#2. Repeat violation.

41.(j)(2): CG#3 was found sleeping in outside garage with TV on while one client was in their bedroom when CTA arrived. During inspection, client was yelling and crying loudly stating he is in pain (from an injury earlier that morning per CG#3 and was confirmed to be reported to client's case management agency) and CG#3 would stay outside in garage with the door shut. During further review, there is no evidence that client could be heard from garage with TV on. CTA discussed with situation/concerns with CG and he remained inside of the home taking care of client for remainder of inspection.

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

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation of physician order for use of bed side rails for client #1.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52(b): Monthly budget provided by CCFFH last updated on 12/2023.

## 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;

No

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): No documentation of medication administration of current month for client #1 and client #2. Repeat violation.


54.(c)(5): Discrepancy noted for 1 medication on hand compared to what is ordered according to client #1's medication administration record (MAR).

54.(c)(6): No documentation of weekly vital signs for client #1 and client #2 as addressed in clients' current service plans.

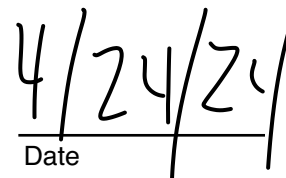
54.(c)(8): No documentation of client #2's personal belongings inventory.



Compliance Manager



Primary Care Giver



Date

5/4/2024

Date

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: ALELI DALIGDIG FOSTER HOME  
(PLEASE PRINT)

CCFFH Address: 94 605 Palai St. Wai'ohu HI 96797  
(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)	CG #4 Fingerprints done in 6/13/14 and 5/31/16 - missed scheduled appointment in June 14, 2013 and cannot be corrected. - 1 finger print completed in 3/4/14.	8/1/14	PCG will use a spread sheet and record book to identify when requirements are due to prevent fr. expiring; PCG will inform all SCG when item is due 4 weeks before it's due.

All items that were corrected are attached to this POC

PCG's Signature: Aleli Daligdig

Date: 8/5/14

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura Pd

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

PCG's Name on CCFFH Certificate: ALEU DAUGDIG Foster Home  
(PLEASE PRINT)

CCFFH Address: 41-bas Palai St. Waipahu HI 96797  
(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)	- CG [redacted] cannot be corrected @ this time, she is currently on vacation out of state. will request a copy of her TB test result. will fax to your office or scan on site if we receive a copy.	5/11/24	PCG will use a spread sheet and record book to identify when requirements are due to prevent fr. expiring. PCG will inform other SCG when item is due a week before its due.
	7 [redacted] TB test result obtained & placed into home record	5/31/24	
	CG [redacted] cannot be corrected pr TB test done <del>at 5/10/24</del>	5/11/24	
41(b)(7)	CG [redacted] - TB clearance lapsed and cannot be corrected	5/11/24	PCG will use a spread sheet + record book to identify when requirements are due to prevent fr. expiring. PCG will inform all SCG when item is due a week before its due.

All items that were corrected are attached to this POC

PCG's Signature: Aleu J. Daugdig

Date: 5/27/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: ALELI DALIGDIG Foster Home  
(PLEASE PRINT)

CCFFH Address: 94-bas Palai St. Waijahn HI 96797  
(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)(8)	CG - [redacted] CPR first aid certificate is up to date. Placed into home record.	5/1/24	PCG - [redacted] will use a spread sheet and alarm clock to identify when requirements are due to prevent from expiring. PCG will inform other CGs when item is due a week before it's due.
41(j)(2)	keep the door open when CG enters in the garage.	4/23/24	Reminder in the wall to keep the door open all the time for pt's safety.
47(d)(1)	Requested a Physician order for use of bed side rails (1/2 bed rail)	5/1/24	- Notify CM, MR to write an order for side rails use. - make sure that there is an order upon admitting a client. If side rail's needed. PCG will use a spread sheet with requirements

All items that were corrected are attached to this POC

PCG's Signature: Aleli Daligdig

Date: 7/22/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

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

PCG's Name on CCFFH Certificate: ALENI DAUGDUG Foster Home  
(PLEASE PRINT)

CCFFH Address: 24-605 Palani St. Waiipahu HI 96797  
(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?
52(b)	monthly budget <sup>is</sup> updated and placed into home record.	4/26/24	Reminder on the wall to PCG will document monthly budget in timely manner
54(c)(5)	updated MAR for client #1 and #2 signed and documented, placed in the clients chart.	5/1/24	Reminder on the wall to will document daily on timely manner and will file in the chart.
54(c)(5)	1 medication transcribed by the CH agency office or ordered by the physician. updated, documented & signed MAR with the new medication & placed in the clients chart	5/1/24	- PCG will look @ all the medication records & bottles to ensure they both match every time before giving a medication. PCG will immediately notify CMA, pharmacy and doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: Allie P. Onizuka

Date: 7/22/24

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nabamura RN

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

PCG's Name on CCFFH Certificate: ALEI DALIGDIG FOSTER CARE  
(PLEASE PRINT)

CCFFH Address: 94-605 Palau St. Wai'alea #106797  
(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?
54(c)(6)	VS for client #1 and client #2 taken and recorded in VS sheet. placed in the clients chart.	7/1/24	Reminder in the wall to Vital signs will be taken + recorded according to clients current service plans.
54(c)(6)	Personal belongings inventory done	4/25/24	→ inventory of personal belongings will be documented in the day of admission +

All items that were corrected are attached to this POC

PCG's Signature: Alei P. Daligdig

Date: 7/20/24

CTA has reviewed all corrected items