

Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-17

94-605 Palai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 5/14/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 inspection (inspection date: 5/14/2025).

6.(d)(1): No evidence provided by CCFFH of CNA registry checks were conducted for CG#2.

6.(d)(1): No documentation provided of current 1147 assessment for client #1.

Foster Family Home	Background Checks	[11-800-8]
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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): No evidence provided by CCFFH of sex offender registry searches were conducted for all caregivers and household members.

8.(a)(1)(2): No evidence provided by CCFFH of any sets of background checks are completed for HHM#3. CCFFH disclosed that HHM#3 lives at CCFFH at least half the time and alternates weeks of living with relative.

Foster Family Home	Information Confidentiality	[11-800-16]
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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): No evidence provided by CCFFH of HHM#3 was trained on CCFFH's confidentiality/privacy training.

Foster Family Home - Deficiency Report

Foster Family Home	Personnel and Staffing	[11-800-41]
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	
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.	
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.	
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and	

Comment:

41.(b)(4): No documentation provided by CCFFH of updated primary caregiver disclosure form due to changes of household composition. CCFFH disclosed that HHM#3 lives at least half the time and lives alternating weeks with another home.

41.(b)(7): No evidence provided by CCFFH of current TB clearance signed by MD/APRN/DO for CG#1.

41.(b)(8): No evidence provided by CCFFH of current bloodborne pathogen training for all caregivers. Training was due by 4/8/2025 for CG#1, CG#2, and CG#3 and 4/10/2025 for CG#5.

41.(c): No evidence provided by CCFFH of minimum 12 hours of annual in-service training was completed in 2024 for CG#1 and 8 hours of annual in-service training completed in 2024 for CG#2, CG#3, and CG#4.

41.(f)(1): No evidence provided by CCFFH of current TB clearance for HHM#3.

Foster Family Home	Fire Safety	[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.	
Comment:		
46.(a): No evidence provided by CCFFH of monthly fire drills were conducted. No documentation of fire drill conducted for month of 4/2025.		

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): Based on evidence provided in client #1's service plan and physician order, client #1's diet order is Puree. CTA observed CCFFH providing client regular consistency food during inspection. Caregiver on duty stated he was unaware client is on puree diet.

Foster Family Home - Deficiency Report

Foster Family Home	Physical Environment	[11-800-49]
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| 49.(a)(3) | A common living area, which is adequate for socialization and the recreational needs of the client; |
| 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.(b)(3) | Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency. |

Comment:

49.(a)(3): Makeshift bedroom for HHM#3 found in common living room. Bedroom area is separated with a privacy divider.

49.(a)(6): Paths in front door of CCFFH and garage to street are obstructed and not wheelchair accessible.

49.(b)(3): No documentation provided by CCFFH of signed written consent by clients' POA/responsible party of use cameras in client #1 and client #2's bedrooms.

49.(b)(3): CTA observed client #1 wandering in home looking for caregiver. Client was unable to effectively call for help to caregiver, who was in garage with door close. Throughout CTA's inspection, caregiver was in garage with door close. CTA had to intervene and notify caregiver that CCFFH's client was looking for caregiver. Similar citation was issued previously.

Foster Family Home	Quality Assurance	[11-800-50]
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| 50.(b) | Adverse events shall be reported |
| 50.(b)(1) | A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and |
| 50.(b)(2) | A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1). |

Comment:

50.(b)(1)(2): No evidence provided by CCFFH of verbal or written adverse reports were completed for 4/12/2025 and 8/7/2025 hospitalizations of client #1 and 5/8/2025 hospitalization for client #2. No documentation provided.

Foster Family Home	Insurance Requirements	[11-800-51]
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| 51.(a)(2) | Automobile; and |
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Comment:

51.(a)(2): No documentation provided by CCFFH of current CG#1's automobile insurance policy. CTA unable to determine if current car insurance meets minimum requirements of \$100,000 bodily damage per person and \$30,000 property damage.

Foster Family Home	Fiscal Requirements	[11-800-52]
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| 52.(a) | The home shall have adequate resources to finance its services in accordance with the provisions of this chapter. |
| 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. |
| 52.(c) | All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit. |

Comment:

52.(a)(b)(c): No CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 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.(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.(b): Documentation provided by CCFFH of ADL flowsheets and medication administration records (MAR) were not signed in black ink.

54.(c)(5): Discrepancy noted in client #2's medication administration record (MAR) compared to physician order/medication label. Client #2's Megastrol order states 40mg 2 tablets by mouth three times a day compared to client's MAR stated 40mg 1 tablet by mouth three times a day.

54.(c)(5): No evidence of daily documentation of medication administration for client #1 and client #2. No documentation noted for the following dates: 3/27/2025 to 3/31/2025 for both clients; 1/12/2025-1/31/2025, 11/1/2024 to 11/30/2024, 10/14/2024-10/31/2024, and 9/26/2024 to 9/30/2024 for client #1.

54.(c)(6): No progress notes of significant events that impacted the life, health, and safety such as events that led to hospitalizations for client #1 and client #2. No documentation provided of events that led to hospitalizations for both clients.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Ryan Nakamura RNCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800PCG's Name on CCFFH Certificate: ALELI S. DALIGOIG FOSTER HOME
(PLEASE PRINT)CCFFH Address: 94-005 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?
6(d)(1)	CNA Registry check obtained and placed into home record.	6/8/25	PCG will use a record book and spreadsheets / check list to identify when requirements are due. Will inform all SCG when item is due 4 weeks before it's due.
6(d)(1)	1147 assessment for client #1 obtained and placed into record.	6/10/25	an 1147 assessment form will be included in the admission packet / check list.
8(a)(1)	sex offender registry obtained for an caregiver and household member and placed into home record	6/8/25	PCG will use a spread sheet and record book to identify when requirements are due to prevent from 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 POCPCG's Signature: Aleli S. DaligdigDate: 6/24/25☒ 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 S. DALIGDIG FOSTER HOME
(PLEASE PRINT)CCFFH Address: 94-025 Palai St. Waiyapu, 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)(4)	PCG disclosure form filled out, signed and placed into home record.	6/11/25	PCG will use a checklist to identify the requirements that needs to be done when adding a new HHM.
41(b)(7)	TB test done 5/05/25 copy of TB test result placed into home record.	5/25/25 7/01/25	PCG will use spread sheet and record book to identify when requirements are due to prevent from expiring
41(b)(8)	Blood borne pathogen training done to all GCH. Certificate placed into home record	5/20/25	PCG will inform all GCH when an item is due 4 weeks before it's due.
41(c)	annual in-service training completed. certificate placed into home record.	5/28/25 5/31/25	

☒ All items that were corrected are attached to this POCPCG's Signature: Aleli S. DaligdigDate: 6/24/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Wakamura RN

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

PCG's Name on CCFFH Certificate: ALEX G. DALIGDIG FOSTER HOME
(PLEASE PRINT)CCFFH Address: 44-605 Palai St. Naipahu, 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 (f)(1)	TB test done 6/3/25 copy of TB test result placed into home record	6/10/25	PCG will use a spread sheet or record book to identify when requirements are due to prevent fr. expiring.
46(a)	Fire drill for April was lapsen cannot be corrected.	5/21/25	PCG will use a wall calendar to put all due dates on.
47(e)	Instructed SCh that client on pure diet thru appt with speech therapist for re-evaluation of his swallowing on August 6, 2025 @ 1 Pm @ the VA clinic	5/16/25	will put a note on the wall that client is on dysphagia diet. Inservice for dysphagia diet to all SCh.

☒ All items that were corrected are attached to this POCPCG's Signature: Alex G. DaligdigDate: 6/24/25☒ 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: MEU 9. DALIGNIG FOSTER HOME
(PLEASE PRINT)CCFFH Address: 94-605 Palai St. Waiapahu 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?
49(a)(6)	front door and garage exit to street are both w/c and gurney accessible.	5/8/25	all exit door is free from any obstruction.
49(b)(3)	signed written consent by client's POA / responsible party of use of cameras in client #1 and client #2 bedroom obtained and placed into home record.	6/5/25	make sure that all new clients that needs camera for monitoring will request written consent fr. the POA. upon admission.
49(b)(3)	call bell provided and instructed to use when client needs help. use camera to monitor client.	5/16/25	Instructed SGG to do frequent check on client for safety.

☒ All items that were corrected are attached to this POCPCG's Signature: Allen P. DalignigDate: 6/24/25☒ 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 G. DALIGDIG FOSTER HOME
(PLEASE PRINT)CCFFH Address: 90-605 Palani 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?
50(b)(1)(2)	Report of Adverse Events in 4/18/25 filed into chart record. CH notified and POA also notified, AE for 8/7/2024 on file for client #1 Report of Adverse Events form in 5/8/25 filed into chart record for client #2 CH and family notified.	5/18/25	PCG will use a reminder note / chart audit to prevent fr. pt missed charting.
51(a)(2)	copy of auto mobile insurance obtained and placed into home record	6/6/25	PCG will use a record book to identify when requirements are due to prevent fr. expiring
52(a)(b)(c)	monthly budget updated and placed into home record.	5/18/25	PCG will use a reminder note to update the monthly budget to prevent fr. missing documentation.

☒ All items that were corrected are attached to this POCPCG's Signature: Aleli G. DaligdigDate: 6/14/25☒ 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: Oleli Daligdig Foster Home
(PLEASE PRINT)CCFFH Address: 94-605 Palai St. Wai'pahu 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?
50(b)	It's done and can not be corrected	5/18/25	PCG will use a reminder note in wall calendar reminders to to use only black ink for documentation.
54(c)(5)	MAR was updated by the CH agency office or ordered by the physician on 4/15/25. Documented and signed MAR with the new MAR filed in the client's chart. Received updated MAR on 4/29/2025	5/18/25	PCG will look at all the MAR (Medication administration Records) and bottles to ensure they both match everytime before giving a medication. PCG will notify CMA pharmacists immediately if they are different.

☒ All items that were corrected are attached to this POCPCG's Signature: Oleli P. DaligdigDate: 6/24/25☒ 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: ALEX S. DALIGDIG FOSTER HOME
(PLEASE PRINT)CCFFH Address: 94-605 Palai 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?
94(c)(5)	updated medication administration for client #1 and client #2 - updated MAR filed in the client's chart.	5/27/25	PCG will use a reminder note / checklist + chart audits to prevent from any missed documentation.
94(c)(6)	Documentation on program note updated and filed in the client's chart	5/27/25	PCG will use a reminder note / chart audits to prevent from any missed documentation.

☒ All items that were corrected are attached to this POCPCG's Signature: Alex S. DaligdigDate: 6/24/25☒ 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 S. Daligdig Foster Home
(PLEASE PRINT)CCFFH Address: 94-605 Palai 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?
8(a)(1)(2) 16(b)5 49(a)3	<p>Cancel these rule numbers. HHM #3 is temporary move out of the house until we obtain all the requirements as a HHM.</p> <p>PCG will submit all necessary requirements before HHM #3 can come back and live in this house.</p>	6/20/25	PCG will use a checklist to identify the requirements that needs to be done when adding a new HHM.

☒ All items that were corrected are attached to this POCPCG's Signature: Aleli S. DaligdigDate: 7/2/25☒ CTA has reviewed all corrected items