

# Foster Family Home - Deficiency Report

**Provider ID:** 2-130057

**Home Name:** Delailah Babapulle, CNA

**Review ID:** 2-130057-17

684 Kilaha Place

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 7/3/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/3/2025).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(2) Be a NA, an LPN, or RN;

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(2): No evidence present in CCFFH records for CNA registry check for CG#1, CG#3, and CG#5.

41.(b)(7): Current TB clearance presented in CCFFH records for CG#5 and HHM#2 were signed by LPN. TB clearances are required to be signed by MD/APRN/DO/NP.

41.(b)(8): Evidence of lapse of first aid training for CG#1, CG#3, and CG#5. Training was due by 3/6/2024 and completed 3/6/2025 for CG#1, due by 11/15/2024 and completed 3/06/2025 for CG#3 and due by 9/3/2024 and completed 3/6/2025 for CG#5.

41.(e): No evidence present in client records of basic caregiver skills were checked for CG#5 by client #1, #2, or #3's case management agency.

Foster Family Home	Client Care and Services	[11-800-43]
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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.

Comment:

43.(c)(3): No evidence present in client's records of RN delegations for eye drop medication and topical medication administration for CG#1, CG#3, and CG#5 BY client #3's case management agency.

# Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(3): Makeshift bedroom for HHM#2 made in client's common living area. section of living room is divided by dividers. All HHM are required to have a designated bedroom even if it is shared.

49.(b)(3): No evidence present in client records of signed written consent/acknowledgement by client/POA of use of cameras/monitors in clients' bedroom/common areas by client #1, #2, and #3.

49.(c)(3): Large holes found in screen door at main entrance to CCFFH.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

7/3/25  
\_\_\_\_\_  
Date  
7/3/25  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Delailah Babapulle

(PLEASE PRINT)

CCFFH Address: 684 Kilaha Place, Hilo, HI 96720

(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	CNA registry check for CG#1, CG#3 and CG#5 has been obtained and added to CCFFH records.	07/04/25	PCG will implement a standardized onboarding checklist for all caregiveers which includes their CNA registry status. A CNA registry check will printed at the time of hire, and a copy will be placed in each caregiver's personnel file. PCG will keep a digital log with dates of when each caregiver's registry status was last verified. An audit of caregiver files will be conducted to ensure ongoing compliance and to catch any missing or expired documentation.
41.b.7	MD/APRN/DO/NP signed TB clearance has been obtained for CG#5 and HHM#2 and added to CCFFH records.	07/10/25	PCG will implement a checklist to verify appropriate provider signatures. Any TB clearances signed by unauthorized personnel will be rejected and returned for correction. Regular audits of documentation will be conducted to ensure ongoing compliance.
41.b.8	Unable to correct lapse in first aid training for CG#1, CG#3 and CG#5.	07/03/25	PCG will utilize calendar reminders to ensure that caregivers complete their First Aid training renewal before the due date, thereby preventing any lapses in

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/24/2025

☒ CTA has reviewed all corrected items



CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Delailah Babapulle  
(PLEASE PRINT)

CCFFH Address: 684 Kilaha Place, Hilo, HI 96720  
(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.e	CG#5 basic caregiver skills have been checked by case management agencies for clients #1, #2 and #3. Document filed in CCFFH records.	07/16/25	PCG will notify client's CMA that basic caregiver skills needs to be checked 7 days prior to the caregiver being assigned to provide care. PCG will maintain a central tracking log to monitor which caregivers have been approved by which case managers, and a monthly review of caregiver documentation will be conducted to ensure compliance.
43.c.3	CG#1, CG#3 and CG#5 have obtained RN delegation from the case management agency for administering eye drops and topic medications to client #3. Evidence filed in CCFFH records.	07/16/25	PCG will notify client's CMA that RN delegation needs to be completed within 7 days of a caregiver being assigned to provide care. A monthly review of medication records and delegations will be conducted to ensure compliance.
49.a.3	PCG has restructured the home to ensure that the client's designated living area is fully separated and no longer shared or used for household member sleeping arrangements.	07/05/25	PCG will maintain clear boundaries between client living spaces and household member sleeping areas. PCG will review living arrangements monthly to make sure they meet regulatory standards and protect the privacy and comfort of all clients.

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PCG's Signature: 

Date: 07/24/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten

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

PCG's Name on CCFFH Certificate: Delailah Babapulle

(PLEASE PRINT)

CCFFH Address: 684 Kilaha Place, Hilo, HI 96720

(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.b.3	PCG has obtained signed written consent or acknowledgment from all clients and/or their POAs for the use of cameras and monitors in client bedrooms and common areas. All signed consents are filed in the CCFFH records.	07/05/25	PCG has created a standardized camera/monitoring consent form that will be signed by each client and/or their legal representative (POA) before any monitoring devices are installed or used in client bedrooms or shared living area. A monitoring consent checklist will be used during intake to ensure all required consents are completed and current.
49.c.3	Screen door to main entrance of property has been replaced with a security door.	07/10/25	PCG will implement a monthly home safety checklist which includes checking all doors, screens and windows for damage. Any damage will be addressed promptly to maintain a safe and clean environment for clients.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 07/24/2025

☒ CTA has reviewed all corrected items