

# Foster Family Home - Deficiency Report

**Provider ID:** 1-210072

**Home Name:** Donna Sapaden, NA

86-140 Leihoku Street

Waianae

HI

96792

**Review ID:** 1-210072-13

**Reviewer:** Maribel Nakamine

**Begin Date:** 7/18/2025

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/18/25).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5)- No Alternate Transportation Plan form was completed by the CCFFH.

Foster Family Home	Fire Safety	[11-800-46]
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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 monthly fire drills present for the months of July 2024, August 2024, September 2024, October 2024, November 2024, and December 2024.

Foster Family Home	Client Account	[11-800-48]
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48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

Comment:

48.(b)(1)- Per CG#1, Client #1's Personal Allowance was kept in CG#1's bank account.

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1 and Client #2's window sills were dusty.

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## 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 and CG#3 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## 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;

54.(c)(8) Personal inventory.

Comment:

54.(b)- Client #1's progress notes without the caregiver's/writer's signatures after each dated entry for the past 12 months.

54.(c)(5) - Client #1's Medication Administration Record (MAR) was last signed on 7/15/25.

Client #2- Medication dosage discrepancy noted for Client #2's nifedipine medication. Medication label was for 60 mg; MD order- 60mg; and Medication Administration Record was for 30 mg.

Client #2's MAR was last signed completely on 7/14/25.

54.(c)(6)- Client #1's Daily Care Flowsheet was last signed/completed on 7/15/25.

54.(c)(8) - Client #1 without a Personal Belongings Inventory list completed. No evidence that list was initiated/maintained.

*Maribel Nakamine, RN*

Compliance Manager

*[Signature]*

Primary Care Giver

*7/18/25*

Date

*7/18/25*

Date