

Foster Family Home - Deficiency Report

Provider ID: 4-510885

Home Name: Genoveva Lagat, CNA

Review ID: 4-510885-17

1902 Koa'e Place

Reviewer: Terri Van Houten

Wailuku

HI

96793

Begin Date: 6/4/2025

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 by 7/4/25.

6(a)(1) - The CCFFH did not have evidence of a current 1147 for client #1. 1147 on file expired 7/7/2024

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;

Comment:

8.(a)(1) - The CCFFH did not have evidence that a Sex Offender Registry check had been completed for CG's #1, #2, #3, #4, #5, #6 and HHM#3

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) - The CCFFH did not have evidence that HHM#3 had received confidentiality training.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(a)(2) - The CCFFH did not have evidence of a prometric registry check for CG's #1, #2, #3, #4, and #6.

41.(b)(8) - The CCFFH did not have evidence that current Bloodborne pathogen (BBP) training had been completed for CG's #1, #2, #3, #4, #5, and #6. BBP certificate on file for each CG expired 3/2/25.

41.(f), 41.(f)(1), 41.(f)(2) - The CCFFH did not have evidence that a file was being maintained for HHM#3. HHM#3 moved into the CCFFH in December 2024 and did not have evidence of a fingerprint, APS/CAN or TB clearance/exclusion.

Foster Family Home - Deficiency Report

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 - The CCFFH did not have evidence that a 3 client sign out log was being maintained.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b) Fire, (3P)(b)(6) Fire - The CCFFH did not have evidence that CG#2 had conducted a fire drill within the last 12 months.

Foster Family Home

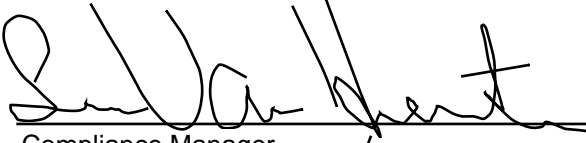
Fiscal Requirements

[11-800-52]

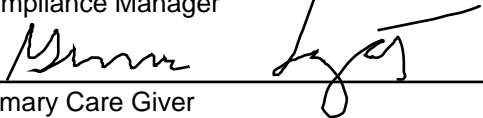
52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

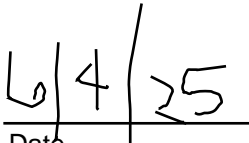
52.(b) - The CCFFH did not have evidence that fiscal records were being maintained for the CCFFH operations.



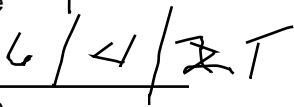
Compliance Manager



Primary Care Giver



Date



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: **Genoveva Lagat, CNA**
(PLEASE PRINT)

CCFFH Address: **1902 Koa'e Place, Wailuku, HI 96793**
(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.(a)(1)	1147 for Client#1 updated copy faxed on same day, 12:40pm	6/04/25	This is not listed on the CCFFH Spreadsheet reminder list. A copy should be furnished by Case Management when the assessment of the client is done.
8.(a)(1)	Sex Offender Registry check was completed for the following: CG#1 CG#2 CG#3 CG#4 CG#5 CG#6 HHM#3	6/12/25	CCFFH was not aware of new requirements until 6/4/25. This new requirement has been added to a Spreadsheet that has been created to monitor expiration dates of documents required for each caregiver.
16.(b)(5)	Confidentiality Training completed. HHM#3 is a new addition to the family.	6/04/25	HHM#3 is added to the updated Spreadsheet, which monitor the expiration dates of documents required of each caregivers and household members.
41.(a)(2)	Prometric Registry check was completed for the following: CG#1 CG#2 CG#3 CG#4 CG#6	6/12/25	New requirement. See second paragraph above.
41.(b)(8)	Bloodborne Pathogen was completed for the following: CG#1 CG#2 CG#3 CG#4 CG#6	6/05/25 & 6/08/25	This was a scheduling mishap. CCFFH was aware, but got lost track of dates.
41.(f)	HHM#3 is a new addition to CCFFH. See third column	6/04/25	HHM#3 is added to the updated Spreadsheet. See third paragraph above.

X All items that were corrected are attached to this POC

PCG's Signature: _____

Date: _____

X CTA has reviewed all corrected items

**Community Care Foster Family Home (CCFFH)
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Chapter 11-800**

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41.(f)(1)	Acceptable TB Clearance/Exclusion document was obtained.	6/23/25	HHM#3 is added to the updated Spreadsheet. See third paragraph above.
41.(f)(2)	Fingerprint, APS/CAN was completed for HHM#3	6/17/25	HHM#3 is added to the updated Spreadsheet. See third paragraph above.
(3P)(b)(2)	Staff. 3 Client Sign Out Log is current. However, CG#2 did not work for the year 2024 as a substitute caregiver. CCFFH will schedule CG#2 (and all CGs) to work this year at least once a year.	Date TBA	CCFFH will schedule all substitute caregivers to work at least once a year.
(3P)(b)(6)	Fire. CG#2 did not work for the year 2024 as a substitute caregiver. CCFFH will schedule CG#2 to work at a later date, this year. When working (date to be determine), CG#2 will conduct a fire drill procedure.	Date TBA	CCFFH will schedule all substitute caregivers to work at least once a year.
52.(b)	Fiscal record (monthly budget) has been updated and is now current.	6/04/25	PCG will ensure the Fiscal record is updated on a monthly basis. This is listed on the CCFFH Spreadsheet reminder list.

X All items that were corrected are attached to this POC

PCG's Signature: _____

Date: _____

X CTA has reviewed all corrected items