

# Foster Family Home - Deficiency Report

**Provider ID:** 2-160020

**Home Name:** Gina Tugade, CNA

15-1527 18th Avenue

Kea'au

HI

96749

**Review ID:** 2-160020-19

Reviewer: Maribel Nakamine

Begin Date: 7/14/2025

| 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/14/25).

| Foster Family Home | Personnel and Staffing | [11-800-41] |
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 5/15/25 and no current result was present.

| 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 RN delegations form/completed for CG#1, CG#2, CG#3, CG#5, and CG#6 in Client#3's chart.

| 3 Person Fire Safety,<br>Natural Disaster | 3 Person Fire Safety | (3P) Fire |
|---|----------------------|-----------|
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(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6)Fire- CG#6 without evidence of having conducted a monthly fire drill for the past 12 months.

| Foster Family Home | Quality Assurance | [11-800-50] |
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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, CG#3, CG#5, and CG#6 were without evidence of having been trained with the CCFFH Emergency Preparedness Plan.

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## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1, Client #2, and Client #3 with a video monitoring device inside their bedrooms. No consent present from clients/POAs.

## Foster Family Home

## Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #3's Service Plan lapsed on 2/2025 and no current service plan was present in client's chart.

54.(c)(5)- one daily scheduled medication - vitamin D3 was not transcribed in Client #3's Medication Administration Record.

Maribel Nakamine, RN

Compliance Manager

Primary Care Giver

Date 7/14/25

Date 7/14/2028

7/14/2025 6:21:32 PM