

# Foster Family Home - Deficiency Report

**Provider ID:** 1-616138

**Home Name:** Leonora Gozon-Tagalog, CNA

**Review ID:** 1-616138-20

94-110 Leowaena Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 7/10/2025

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Violation: HAR 11-800-42 (b)(1-6) Unapproved caregiver (listed as CG#5) is used to care for clients.

Deficiency Report issued during CCFFH inspection via email on 7/10/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Fingerprint was overdue/lapsed for CG#4. Fingerprint was not present in the CCFFH file.

# Foster Family Home - Deficiency Report

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)(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.(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.(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) CG#4 was not officially added to the CCFFH.

41(a)(2) CNA Prometric registry check are not present for CG#4.  
CG#4 CNA license was expired on 5/31/2025.

41.b.4. No disclosure form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, #3, #4, and HHM#3. CG#1, #3, #4, and HHM#3 TB clearances were not reported on the standard DOH form.  
HHM#4 did not have a TB Clearance.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#4. CG# 4 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

41.e. CG#4 does not have approval form on file.

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 delegation present for Client #1 and Client#2 for CG#4.

# Foster Family Home - Deficiency Report

## 3 Person Fire Safety, Natural Disaster

## 3 Person Fire Safety

## (3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

Fire drills for April, May and June 2025 are not present.

CG#4 did not conduct a fire drill for the past 12 months.

## Foster Family Home

## Physical Environment

[11-800-49]

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

Comment:

49.(c)(3) - There was evidence that the CCFFH was not being maintained in a clean, well ventilated, adequately lighted and safe manner.

-The CCFFH had a strong smell of urine in the clients bathroom

-There were several areas of pet feces and urine waste inside of the clients bathroom.

## 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;
- 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(c)(2) No current signature for service plan present for Client#2.

54(c)(5) No MAR present for July 2025 for Client#1.

MAR was not documented daily. Sheet not completed from 6/27/25 to 6/30/25 for Client#1.

MAR was not documented daily. Sheet not completed from 7/9/25 to 7/10/25 for Client#2.

54(c)(6) No ADL flow sheet present for Client#1 and #2 for July 2025.

ADL flowsheet was not documented daily. Sheet not completed from 6/27/25 to 6/30/25.

Client #1 did not have evidence of RN monthly visit notes for 5/2025 and 6/2025.

Client #2 did not have evidence of RN monthly visit notes for 4/2025, 5/2025 and 6/2025.

Compliance Manager

Primary Care Giver

Date

Date