

Foster Family Home - Deficiency Report

Provider ID: 1-100051

Home Name: Ligaya Dugay, CNA

Review ID: 1-100051-19

92-541 Pilipono Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 6/12/2025

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 re-certification inspection.

Client #1 Form 1147 is expired. Last dated on 6/11/2025.

Deficiency Report issued during CCFFH inspection via email on 6/12/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Fingerprint was overdue/lapsed for HHM#2.

Second Fingerprint/background check is overdue for HHM#2 , was due on/before 5/1/2025.

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) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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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).

Comment:

41.b.4 Disclosure form present is outdated for CG#1.

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) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours CG# 2 (NA) worked in a day or week. CG#1 was off property until arrived back to CCFFH for inspection.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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.
June and July 2024 fire drills are not currently in the file.

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;

Comment:

54(c)(2) No current signature for service plan present for Client#1.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager:

Po LimCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Ligaya Dugay

CCFFH Address:

92-541 Pilipono St. Kapolei HI 96707

(PLEASE PRINT)

(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(d)(i)	Client #1 form 1147 is expired on 6/11/2025 cannot go back to the past, cannot be corrected.	7/7/25	→ Case Management Agency faxed client 1147 Jun 12, 2025. write down a reminder on my binder to remind my case Management Agency to fax document on time.
8(a)(i)	Fingerprint/background check overdue/lapsed for HHM #2 cannot go back to the past, cannot be corrected.	7/7/25	→ updated Fingerprinting background check per House hold member, HH #2 will be updated. (6/24/25) Use a planner or sticky note to-do list or check list, put it on my binder to prevent happening again in the future.
14(b)(5)	No proof that training on confidentiality policies and procedures and client privacy right was provided to HHM #2 was done	7/7/25	→ I will always discuss the importance of confidentiality policies, procedure and client privacy to house hold member can help maintain trust and protect sensitive information. can ensure everyone understand their role in upholding confidentiality and respecting client privacy and let them sign.

☒ All items that were corrected are attached to this POC

PCG's Signature:

SA DugayDate: 7/10/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Po LimCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Ligaya Dugay

(PLEASE PRINT)

CCFFH Address:

92-541 Pilipono St. Kapolei HI 96707

(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?
4(b)(4)	Disclosure form present for SCG #1 is completed to current date.	7/7/25	To prevent this from happening again, I have created a reminder notice and place it on my binder/calendar to serve as a reminder to have Disclosure form checked as required by [REDACTED]
(3P)(b)(2)	cannot go back to the past, cannot be corrected.	7/7/25	To prevent this from happening put a reminder on my door put "sign in / sign out"
(3P)(b)(1)	Fire drill on Jan and July 2024 has been conducted, but was accidentally removed by PCG. copies for Jan and July 2024 were obtained and currently on the file.	7/7/25	To prevent this from happening, I have created a reminder to keep document up to three years on my file.

☒ All items that were corrected are attached to this POC

PCG's Signature:

SL Dugay

Date:

7/10/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Po LimCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Ligaya Dugan

CCFFH Address:

92-541 Pilipono St. Kapolei HI 96707

(PLEASE PRINT)

(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?
54(c)(2)	No current signature for service plan present for client #1. cannot go back to the past, cannot be corrected.	7/7/25	To prevent this from happening again, I have created a reminder notice on my binder to update, and check anything that need to be signed immediately.

☒ All items that were corrected are attached to this POC

PCG's Signature:

S.A. Dugan

Date:

7/10/25☒ CTA has reviewed all corrected items