

Foster Family Home - Deficiency Report

Provider ID: 1-100014

Home Name: Lilia Grace Monte, CNA

Review ID: 1-100014-4

4380 Hakupapa Street

Reviewer: Ryan Nakamura

Honolulu

HI

96818

Begin Date: 6/30/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/30/2025).

6.(d)(1): No documentation present in client #1's records of current 1147 assessment.

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): No evidence present in CCFFH records of sex offender registry searches for CG#1, CG#2, HHM#2, HHM#4, HHM#5, HHM#6.

8.(a)(1): No evidence present in CCFFH records of any sets of fieldprint fingerprint background checks for HHM#6.

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 evidence present in CCFFH records of CCFFH confidentiality/privacy training completed for HHM#4, HHM#5, and HHM#6.

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).

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry searches for CG#1.

41.(b)(4): No documentation present in CCFFH records of primary caregiver disclosure updated due to changes of household composition.

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Client Care and Services

[11-800-43]

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 evidence present in client #1's records of RN delegations were given to CG#2 for oral and topical medications and blood sugar checks. No RN signature present for CG#2 for each delegation.

Foster Family Home

Fire Safety

[11-800-46]

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 evidence present in CCFFH records of fire drill conducted for month of 5/2025.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation present in client #2's records of physician order for use of bed side rails.

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) Internal emergency management policy has a signature sheet that is not signed by CG#2.

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): Shared client refrigerator for access for drinks and snacks found located in client #1's bedroom. Belongings that do not belong to client are not allowed in clients' bedroom.

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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)(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 documentation present in client records of current service plan for client #1 and client #2.

54.(c)(6): No documentation present in client records of monthly visits from clients' case management agency for months of 5/2025 for client #1 and 2/2025 and 5/2025 for client #2.



Compliance Manager



Primary Care Giver

6/30/25

Date

6/30/25

Date