

# Foster Family Home - Deficiency Report

**Provider ID:** 2-230069

**Home Name:** Precy Oducayen, RN

285 Kuhilani Street

Hilo HI 96720

**Review ID:** 2-230069-5

**Reviewer:** Maribel Nakamine

**Begin Date:** 7/15/2025

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/15/25).

6.d.1- Client #1 without an 1147 in chart/CCFFH records.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN/Ecrim lapsed on 8/1/24 and was not renewed until 9/17/24. CG#5's APS/CAN lapsed on 8/1/24 and was not renewed until 10/4/24.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 8/23/24 and was not renewed until 9/18/24. CG#3's TB clearance was not documented on department approved form. CG#4's TB clearance lapsed on 7/12/24 and no current result was present. CG#5's TB clearance lapsed on 4/9/24 and was not renewed until 6/27/25. CG#6's TB clearance lapsed on 6/7/24 and was not renewed until 8/27/24.

41.(g)- No basic skills checks completed by CG#2, CG#3, CG#4, CG#5, and CG#6 for Client #1 and Client #2.

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 for CG#6 on Oral medication administration, inhaler use, and oxygen use in Client #2's chart/records.

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## 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;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d), (1),(2)- Client #1 with use of full bedrails without an MD order and was not addressed in client's Service Plan. Client #2 with use of full bedrails without an MD order.

## 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's bedrooms, and bathroom were without a lock from the inside for their privacy.

## 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 #1's Service Plan lapsed on 5/20/25 and no current document was present in chart. Client #2's Service Plan dated 4/12/25 without the POA's signature.

54.(c)(5)- Medication dosage discrepancy noted for Client #1's Melatonin. The bottle's label was 5 mg- MD's order and client Medication Administration Record (MAR) stated melatonin 3 mg give 2 tabs (which would be total of 6mg).

  
Compliance Manager  
  
Primary Care Giver

 7/15/25  
Date  
7/15/25  
Date