

Foster Family Home - Deficiency Report

Provider ID: 1-180074

Home Name: Rosemarie Glo B. Dalisay,
CNA

91-1194 Hanaloa Street

Ewa Beach

HI

96706

Review ID: 1-180074-14

Reviewer: Ryan Nakamura

Begin Date: 7/29/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/29/2025).

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) Staff: Caregiver sign-in and sign-out had not been updated as disclosed by CG#1.

Foster Family Home

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 presented in client records of RN delegations were given by client #1's case management for CG#3.

43.(c)(3): No evidence present in client records of RN delegations were given by client #2 and #3's case management agency for rectal suppository medication administration for CG#1, CG#3, CG#4.

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#4.

Foster Family Home

Records

[11-800-54]

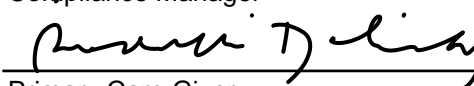
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #2. Last service plan was dated 11/18/2024 and was due by 5/23/2025.

Discrepancy noted in services provided compared to client #3's current service plan. Service plan did not address client receiving hospice services.


Compliance Manager


Primary Care Giver


Date


Date