

Foster Family Home - Deficiency Report

Provider ID: 1-190092

Home Name: Nermalyn A. Lagua, NA

Review ID: 1-190092-14

1611 Hoolehua Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 8/4/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/4/2025).

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): No evidence present in CCFFH records of sex offender registry search conducted for HHM#2.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance for HHM#2 and minor HHM.

Evidence of lapse of TB clearance for CG#2. TB clearance was due by 12/02/2024 and completed 4/16/2025.

41.(b)(8): Evidence of lapse of first aid/CPR training for CG#2. Training was due by 5/25/2025 and completed 6/17/2025.

41.(c): No evidence present in CCFFH records of minimum 12 hours completed of in-service training in 2024 for CG#1 and minimum 8 hours completed of in-service training in 2024 for CG#2.

Foster Family Home Records [11-800-54]


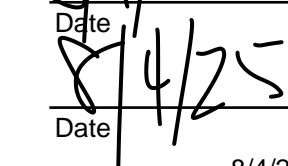
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy in medication administered compared to documented in client #2's medication administration record (MAR). CCFFH documented Hydrophillic Wound Dress External Paste is being applied topically daily to tail bone for wound but per CG#1, Destin cream is being applied instead. Per CG, wound has been resolved "for a while".


Compliance Manager

Primary Care Giver


Date

Date