

# Foster Family Home - Deficiency Report

Provider ID: 1-240098

Home Name: Elma Ugalino, CNA

Review ID: 1-240098-3

99-788 Naholea Street

Reviewer: Ryan Nakamura

Aiea

HI 96701

Begin Date: 9/9/2025

## 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: 9/09/2025).

## Foster Family Home

## Personnel and Staffing

[11-800-41]

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): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#4.

## 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): Belongings that did not belong to client #1 were found in closet in client #1's bedroom. All belongings in clients' bedrooms must belong to clients.

## Foster Family Home

## Records

[11-800-54]

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

Comment:

54.(c)(5): Discrepancy noted in client #1's Vitamin D3 in medication administrative record (MAR) compared to medication on hand. MAR stated Vitamin D3 1000iu 1 capsule by mouth per day but supply on hand was 5000iu and 2000iu capsules.

  
Primary Care Giver

  
Date  
  
Compliance Manager  
Date  
9/9/25