

# Foster Family Home - Deficiency Report

**Provider ID:** 1-510380

**Home Name:** Melba Sagisi, CNA

**Review ID:** 1-510380-18

91-1002 Ae Ae Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 8/20/2025

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: 8/21/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1, client #2, client #3.

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;

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): No evidence present in CCFFH records of any sets of background checks (APS/CAN, fingerprint, sex offender) completed for HHM#3 and HHM#4.

Foster Family Home	Information Confidentiality	[11-800-16]
--------------------	-----------------------------	-------------

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's confidentiality training was completed for HHM#3 and HHM#4.

# Foster Family Home - Deficiency Report

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).  |
| 41.(b)(7) | Have a current tuberculosis clearance that meets department guidelines; and  |
| 41.(f)(1) | Tuberculosis clearances that meet department of health guidelines; and   |
| 41.(h)    | The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department. |

Comment:

41.(b)(4): Primary caregiver disclosure form not updated to reflect current household composition. CTA was not notified of addition of household members when CG#1 was asked.

41.(b)(7): Evidence of lapse of TB clearance for CG#1, CG#2, and CG#4. TB clearance was due by 5/10/2025 and completed 7/26/2025 for CG#1. TB was due by 3/20/2025 and completed 7/26/2025 for CG#2. TB was due by 7/19/2025 and completed 7/31/2025 for CG#4.

No evidence present in CCFFH records of current TB clearance signed by MD/APRN/DO/NP for CG#4 and CG#5.

41.(f)(1): No evidence present in CCFFH records current TB clearance for HHM#3 and HHM#4.

41.(h): During CTA inspection, CTA observed an CTA unapproved caregiver providing care to client #1. All personnel must be approved by CTA prior to providing care.

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 present in CCFFH records of RN delegation of rectal suppository medication administration given by client #2's case management agency for CG#4.

Foster Family Home	Fire Safety	[11-800-46]
--------------------	-------------	-------------

- |           |  |
|-----------|--|
| 46.(b)(2) | All caregivers have been trained to implement appropriate emergency procedures in the event of a fire. |
|-----------|--|

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#4 conducted a fire drill in the past 12 months.

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 the client living in their rooms were found in their bedrooms. Clients stated that there were belongings that did not belong to them. Repeat citation from 2024 inspection.

# Foster Family Home - Deficiency Report

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): Last service plan present in client records was 6/15/2024 for client #1 and 3/11/2024 for client #3. Service plans were due every six months or as needed.

54.(c)(5): No evidence of daily documentation of medication administration for client #1. Last documented date was 8/18/2025.

No documentation present of Famotidine medication administration for client #2. Last documented dated was 7/31/2025.

Compliance Manager

Primary Care Giver

Date

Date