

Foster Family Home - Deficiency Report

Provider ID: 1-190002

Home Name: David Drig, NA

Review ID: 1-190002-16

1601 Ala Napunani Street

Reviewer: Maribel Nakamine

Honolulu HI 96818

Begin Date: 9/11/2025

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 visit made for a 2-bed recertification inspection.

Deficiency Report emailed on 9/16/25 with plan of correction due to CTA within 30 days of issuance (issued on 9/16/25).

6.d.1- Client #1's current 1147 was not signed by PCP/MD.

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)- No sex offender search results present for CG#1, CG#2, CG#3, and CG#4.

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 9/7/24 and Ecrim lapsed on 9/27/24; CG#2's APS/CAN lapsed on 8/7/24 and Ecrim lapsed on 9/7/24 CG#3's APS/CAN lapsed on 10/26/24 and Ecrim lapsed on 8/7/25. All were without current APS/CAN/Ecrim results.

CG#4's APS/CAN lapsed on 11/2/24 and was not renewed until 12/5/24; Ecrim lapsed on 11/4/24 and was not renewed until 8/7/25.

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

16.(b)(3) Inform clients about their confidentiality practices;

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.

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3), (c), (c)(1), (c)(2) - No confidentiality practices/consent form present for Client #1.

16.(b)(5) - No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, and CG#4.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 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.(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)(4)- CG#1's Primary Caregiver Disclosure form was not updated reflect the current number of household members.
- 41.(b)(7)- CG#1 and CG#2's TB clearance results lapsed on 9/6/24 and CG#3's lapsed on 9/24/24. All were without current results present.
- 41.(b)(8)- CG#1 and CG#2's blood borne pathogen and infection control training certificates lapsed on 9/6/24 and no current documents were present.
- 41.(c)- CG#1 without any annual in-service training hours for the year 2024.

Foster Family Home	Client Care and Services	[11-800-43]
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- 43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

- 43.(b)- CCFFH is currently licensed for 2-beds. The 2nd bedroom was currently occupied by a household member. No other open bedroom was available for a 2nd client during CCFFH inspection.

Foster Family Home	Grievance	[11-800-45]
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- 45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
 - 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
 - 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
 - 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

- 45. (1), (2), (3)- No documentation that CCFFH informed Client #1/POA of Client's grievance policies and procedures.

Foster Family Home	Fire Safety	[11-800-46]
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- 46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

- 46.(b)(2)- CG#3 without any monthly fire drill conducted for the past 12 months. CG#4's last monthly fire drill conducted was on 8/27/24.

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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;

Comment:

47.(d), (d)(1)- Client #1's bed with full bedrails- no MD order present in client's chart/records.

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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(a)- CG#3 and CG#4 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(e), (e)(1)- CCFFH's binder/chart was in disarray which made it difficult to review.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a), (b), (c)- CCFFH without any current fiscal related records present.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

Comment:

53.(a), (b)(1)- No Admission Policy and Agreement nor Service Contract present in Client #1's chart/records.

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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;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

- 54.(c)(2)- Client #1's Service Plan dated 7/14/25 without the Client/POA's signature.
- 54.(c)(5)- Client #1's Medication Administration Record for the month of September 2025 was last signed/completed on 9/7/25. One scheduled medication (Fluoxetine) was not transcribed in Client's Medication Administration Record (MAR) for the month of September 2025.
- 54.(c)(6)- Client #1's ADL/Daily Care Flowsheet was last signed/completed on 9/7/25.
- 54.(c)(6)- Client #1's progress/observation notes documentation was last completed on 7/18/24.

Maribel Nakamine, RN
Compliance Manager

9/16/25
Date

Primary Care Giver

Date