

Foster Family Home - Deficiency Report

Provider ID: 1-210088

Home Name: Fitz Gerald Ibatuan, CNA

Review ID: 1-210088-9

94-736 Kaaka Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 9/23/2025

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: 9/23/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #2. Most recent 1147 assessment present in client records expired 10/31/2024.

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): Evidence present in CCFFH records of lapse of 2nd set of background checks for CG#3. 2nd set background check was due by 5/20/2025 and completed 8/5/2025.

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#1. APS/CAN clearance was due by 1/13/2025 and completed 7/15/2025.

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

No evidence present in CCFFH records of RN delegations were given for Oxygen administration and rectal suppository medication administration by client #2' case management agency for all caregivers.

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#3 conducted a fire drill in the past 12 months.

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Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of full bed side rails for client #1.

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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#3.

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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;

Comment:

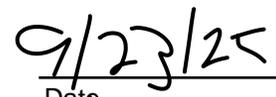
54.(c)(2): Hospice services were not addressed in client #2's service plan present in client records. Client was admitted to hospice services on 5/14/2025.



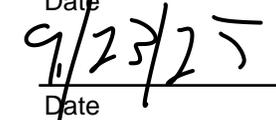
Compliance Manager



Primary Care Giver



Date



Date