

Foster Family Home - Deficiency Report

Provider ID: 1-180010

Home Name: Hazel Layugan, CNA

Review ID: 1-180010-19

98-113 Kaulike Drive

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 2/10/2026

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

42.a. Client#2 Form 1147 was not present in the file.

Deficiency Report issued during CCFFH inspection via email on 2/10/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue/lapsed for CG#2. State Name Check (eCrim) was due on or before 4/12/2024 and was not present in the CCFFH file

Foster Family Home	Information Confidentiality	[11-800-16]
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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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

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Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 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(a)(2) CNA Prometric registry check are not present for CG #3.

41(a)(3) No job experience form present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1.
CG#1 TB clearance expired, was due on/before 1/12/2025 and was not present in the file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#1,#2, and #3.
CG#1 and CG#2 BBP/IC was due on/before 1/2/2026 and were not present in the files.
CG#3 BBP/IC was due on/before 7/18/2025 and was not present in the files.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and CG#3.

CG#2 requires 12 hours of in-service training, but had only 6 hours attended in 2025.

CG#3 requires 12 hours of in-service training, but had ZERO hours attended in 2025.

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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 RN delegation present for Client #3 for CG#1, #2, AND #3.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly

Comment:

3P.b.1. Last fire drill present in record was documented on 12/2025. No fire drill documentation present for January 2026.

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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) No current signature of POA for service plan present for Client#2.

54(c)(5) Client#2 MAR was not documented daily. Sheet not completed from 12/29/2025 to 12/31/2025.

54(c)(6) Client #2 did not have evidence of RN monthly visit notes from 08/2025 through 01/2026.

Compliance Manager

Primary Care Giver

Date

Date