

# Foster Family Home - Deficiency Report

Provider ID: 1-240088

Home Name: Imelda L. Daoang, CNA

Review ID: 1-240088-3

99-143 Pamoho Place

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/8/2025

## 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: 8/8/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1 and #2.

## 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/privacy training was completed by CG#3.

## 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)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(5)(C)(iii) Provide a signed statement indicating no conviction record that may place the client at risk of harm; 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.

Comment:

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed by CG#3.

41.(B)(5)(C)(ii): No evidence present in CCFFH records of alternate driver has current TB clearance.

41.(b)(5)(C)(iii): No documentation present in CCFFH records of alternate driver has written signed statement indicating no conviction record.

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#2. TB clearance was due by 4/16/2025.

41.(b)(8): No evidence present of current first aid/cpr training for CG#3. Training was due by 3/26/2025.

No evidence present in CCFFH records of current bloodborne pathogen training for CG#1, CG#2 and CG#3. Training was due by 4/1/2025 for CG#1, 4/24/2025 for CG#2, and 1/2/2025 for CG#3.

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## 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 client records of RN delegations were given by client #1's case management agency for Oxygen administration, skin patch medication and rectal suppository medication administration for CG#1, CG#2, and CG#3.

No evidence present in client records of RN delegations were given by client #2's case management agency for Skin patch/topical medication and eye drop medication administration and wound care for CG#1 and CG#2. No RN delegations for any tasks were given by client #2's case management agency for CG#3.

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of fire drills were conducted for months of 3/2025, 5/2025-7/2025.

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

## 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:

50.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

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;

Comment:

54.(c)(1): No evidence present in client records of current client #1 and client #2's facesheet.

54.(c)(2): Discrepancy noted in services addressed in client #1's service plan compared to services provided. No documentation present of client admitted to hospice services.

54.(c)(5): Discrepancy noted in client #1's medication administrative record (MAR) compared to client's physician order/medication label for Lactulose and Trazodone. Lactulose was listed in MAR to be given three times a day but medication label stated twice a day. Trazodone listed in MAR is 50mg 1 tablet PO once a day, but medication label stated 100mg 1 tablet PO once a day.

Furosemide 40 mg PO daily as needed for edema not listed in client #2's MAR. Discrepancy noted in client #2's Midodrine order compared to order listed in MAR. MAR listed hold parameter at >160 but physician order was listed take 1 tablet by mouth every 4 hours as needed if SBP below 100.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Ryan Nakamura, RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: IMELDA DAOANG  
(PLEASE PRINT)

CCFFH Address: 99-143 Pamoho Place, Aiea, HI 96701  
(PLEASE PRINT)

Rule Number	Corrective Action Plan – How was each issue fixed for each violation?	Date each violation was fixed	Preventive Strategy – How will you prevent each violation from happening again in the future?
6 (d) (1)	Client 1 & 2 - 1147 I have asked my CMA to send me a copy of the updated 1147 for the said clients and filed these on the client's binder.	8/10/25	I have made a spreadsheet that includes the parts of the client's binder that need to be reviewed. I marked on my calendar and reminder board that date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing like the 1147.
16 (b) (5)	CG #3- Confidentiality/Privacy Training - CG# 3 has undergone the Confidentiality Training. Certificate is filed on the SCG's records.	8/9/25	I made a spreadsheet of the requirements for the SCGs and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs to secure the missing requirements or to renew the expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded.
41 (b) (4)	CG#3 – SCG Disclosure Form - SCG Disclosure Form was completed and filed on the SCG's Record.	8/10/25	I made a spreadsheet of the requirements for the SCGs and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs to secure the missing requirements or to renew the

All items that were corrected are attached to this POC

PCG's Signature Imelda Daoang Date: 9/6/2025

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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<p>41 (b) (5) (c) (ii)</p>	<p>Alternate Driver – TB Clearance</p> <ul style="list-style-type: none"> <li>- The Alternate Driver is done with his TB Clearance; result is filed on the Administrative Binder.</li> </ul>	<p align="center">8/10/25</p>	<p>expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded.</p> <p>I made a spreadsheet of the requirements for the SCGs /Alternate Driver and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs/Alternate Driver to secure the missing requirements or to renew the expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded.</p>
<p>41 (b) (5) (c) (iii)</p>	<p>Alternate Driver – Documentation that No Conviction Record</p> <ul style="list-style-type: none"> <li>- Background check was done &amp; filed on the Administrative Records.</li> </ul>	<p align="center">8/10/25</p>	<p>I made a spreadsheet of the requirements for the SCGs / Alternate Driver and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs/ Alternate Driver to secure the missing requirements or to renew the expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded.</p>
<p>41 (b) (7)</p>	<p>CG #2 - TB Clearance due 4/16/25</p> <ul style="list-style-type: none"> <li>- CG # 2 had the TB Clearance &amp; result is field on the SCG Records.</li> </ul>	<p align="center">8/10/25</p>	<p>I made a spreadsheet of the requirements for the SCGs and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs to secure the</p>

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PCG's Signature IMELDA DAOANG Date: 9/6/2025

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CTA RN Compliance Manager: Ryan Nakamura, RN

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<p>41 (b) (8)</p>	<p>a. CG#3 – FA Training due 3/26/25 - CG # 3 had his FA Training &amp; certificate is filed of the SCG records.</p> <p>b. CG# 1, 2 &amp; 3 - Past Due Blood Borne Pathogen Training - CGs 1,2 &amp; 3 had undergone Blood Borne Pathogen Training &amp; certificates are filed on their records.</p>	<p>8/10/25</p> <p>8/10/25</p>	<p>missing requirements or to renew the expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded.</p> <p>I made a spreadsheet of the requirements for the SCGs and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs to secure the missing requirements or to renew the expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded.</p> <p>I made a spreadsheet of the requirements for the SCGs and I will be checking the list quarterly to check which requirements are missing or expiring. This will give me enough time to notify the SCGs to secure the missing requirements or to renew the expiring certificates/documents. Also, I marked on my calendar the dates of regular checking so I will be reminded</p>
<p>43 (c) (3)</p>	<p>RN Delegations - Delegation by the CMA was done. - Signed delegations were filed on the client's binder.</p>	<p>8/9/25</p>	<p>I have made a spreadsheet that includes the parts of the client's binder that need to be reviewed. I marked on my calendar and reminder board that date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing like the RN delegations.</p>

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<p>46 (a)</p>	<p>Fire Drills - 3/2025, 5/2025- 7/2025 - Cannot be corrected</p>	<p>8/10/2025</p>	<p>I set an alarm on my cellphone that every 1<sup>st</sup> day of the month, I am reminded that I have to set Fire Drill for us caregivers. This will prevent having lapses on the said training.</p>
<p>47 (d) (1)</p>	<p>Client # 1 - MD Order for Side Rail - MD order on the use of side rail was requested from the PCP. Written order was filed on the client's binder.</p>	<p>8/20/25</p>	<p>I have made a spreadsheet that includes the parts of the client's binder that need to be reviewed. I marked on my calendar and reminder board that date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing like a written order for Side Rail use.</p>
<p>50 (a, b, c)</p>	<p>CCFFH Budget/Fiscal Records to show facility's resources - I have prepared a copy of my CCFFH Resources.</p>	<p>8/10/25</p>	<p>I have made a spreadsheet that includes the documents required in the operation of the CCFFH. I marked on reminder board date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing.</p>

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□ PCG's Signature Imelda Daoang Date: 9/6/2025

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Chapter 11-800

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54 (c) (1)	<p>Clients 1 &amp; 2 Face Sheet</p> <p>- I have asked a copy of the Face Sheet for the 2 clients from the CMA &amp; filed it on the client's binder respectively.</p>	9/1/22	<p>I have made a spreadsheet that includes the parts of the client's binder that need to be reviewed. I marked on my calendar and reminder board that date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing like the Face Sheet.</p> <p>Also, upon admission, I have to have a checklist on what to review &amp; put this checklist on top of the binder so I will not miss any like the Face Sheet.</p>
54 (c) (2)	<p>Client's # 1 SP Discrepancy with the Actual Service Provided</p> <p>- I have requested from my CMA an updated SP with the inclusion of the Action Plan on Hospice Care.</p>	8/1/22	<p>I have made a spreadsheet that includes the parts of the client's binder that need to be reviewed. I marked on my calendar and reminder board that date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing or what needs to be updated like the updated Service Plan.</p> <p>Also, upon admission, I have to have a checklist on what to review &amp; put this checklist on top of the binder so I will not miss any like the complete SP.</p>
54 (c) (5)	<p>Client's # 1 &amp; 2 Medication Discrepancy</p> <p>- I have requested a copy of an updated MAR from my CMA with the medication record reconciled with that of the MD Order/label.</p>	8/1/22	<p>I have made a spreadsheet that includes the parts of the client's binder that need to be reviewed. I marked on my calendar and reminder board that date (every first of the month) when I need to review the chart based on the spreadsheet. With this I can check on what is missing or what needs to be updated like the MAR.</p> <p>Also, for every MD order that I receive, I have to have a checklist on what to review: the MD Order, the medication label and the MAR. I have to highlight these on my REMINDER BOARD for me to be reminded. With this, medication discrepancy can be prevented.</p>

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PCG's Signature IMELDA DAOANG Date: 9/6/2022

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