

Foster Family Home - Deficiency Report

Provider ID: 1-200008

Home Name: Lourdes V. Ibe, CNA

Review ID: 1-200008-16

91-1024 North Road

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 1/22/2026

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 issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 1/22/26).

6.d.1- Client #1 without an 1147 document in the client's chart/records.

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)- HHM#1's APS/CAN and Ecrim expired on 6/13/24 and no current documents were present. HHM#2 without any result of APS/CAN/Fingerprint.

Foster Family Home Personnel and Staffing [11-800-41]

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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7)- CG#2's TB clearance expired on 1/2/25 and no current document was present.

41.(b)(8)- CG#2 and CG#3's bloodborne pathogen and infection control training expired on 1/27/25 and no current documents were present for both caregivers.

41.(c)- CG#2 and CG#3 were both short of 4 hours of the annual in-services training for the year 2025.

41.(g)- CG#3 without evidence of having been checked for the basic skills for Client #1.

Foster Family Home - Deficiency Report

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 RN delegations for Oral Medication Administration for CG#3 on Client #1.

Foster Family Home	Grievance	[11-800-45]
--------------------	-----------	-------------

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 evidence by CCFFH of admission policy and agreement was presented prior or on the date of Client#1's admission in the CCFFH.

Foster Family Home	Quality Assurance	[11-800-50]
--------------------	-------------------	-------------

50.(e)(2) Inspection of service sites;

Comment:

50.(e)(2)- CCFFH with a gate at the sidewalk. No buzzer/bell present for agency/CTA to utilize in order to have quick access to the CCFFH.

Foster Family Home	Insurance Requirements	[11-800-51]
--------------------	------------------------	-------------

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability insurance expired on 11/30/25 and no current document was 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 present in Client #1's chart/records informing client/Guardian of Client's rights.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Missing Medication Administration Records (MARs) for the months of January 2025, February 2025, and November 2025 for Client #2.
Vitamin D3 was not transcribed in Client #2's MAR for the month of January 2026.

Margaret M. Lawrence RO 1/22/26
Compliance Manager Date
[Signature] 1/22/26
Primary Care Giver Date