

Foster Family Home - Deficiency Report

Provider ID: 1-230076

Home Name: Merielene Lagua, NA

Review ID: 1-230076-6

1611 Hoolehua Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 9/10/2025

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 3 bed re-certification inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 9/10/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

Comment:

8.(a)(1) Fingerprint check was not completed for HHM#2.

Sex Offender check are not present for CG#1, #2, #3; and HHM#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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2.

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Foster Family Home

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)(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(a)(2) CG#3 CNA license expired on 8/21/2024 and no renewal present on file.

CNA Prometric registry check are not present for CG#1 and #3.

41(a)(3) No job experience form present for CG#2 and CG#3.

41.b.4 Disclosure form is not up to date presently for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3; and HHM#2 and HHM#3. CG#3 TB clearance expired, was due on/before 8/18/2024 and was not completed. HHM#2 and HHM#3 some not have TB clearance on file.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#3. It was due on/before 1/4/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG#3 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours worked in a day or week.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly
- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night
- (3P)(b)(4) Fire shall include testing of smoke detectors
- (3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CCFFH did not conduct a fire drill in August 2025.

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Medication and Nutrition

[11-800-47]

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

Comment:

47.(d)(1) No physician order was present for Client#1 regarding admission to the CCFFH. No signature from the doctor present on the order form. Client came to the CCFFH on 8/6/2025.

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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) No current signature of the POA for service plan present for Client#1.

Compliance Manager

Primary Care Giver

Date

Date