

Foster Family Home - Deficiency Report

Provider ID: 1-170068

Home Name: Meryll Kathleen V. Dadulla, RN Review ID: 1-170068-17

94-535 Pilimai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/12/2026

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 3 bed re-certification inspection.

Client #1 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 1/12/2026 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were overdue for CG#2.

APS/CAN was due on or before 1/6/2026 and was not present in the CCFFH file.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.b.3 CCFFH confidentiality practices was not provided to Client/POA.

16.c.1-2 Client #1 Consent form is not present in the file.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/AED training for CG#3. It was due on/before 11/30/2025.

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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 RN delegation present for Client#1 for CG#2.

Foster Family Home Grievance [11-800-45]

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.(1-3). Grievance Policy is not present in the file.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.a. Client #1 account records are not present in the file.

Foster Family Home 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;

54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current service plan present for Client#1. Admission was on 11/2025.

54(c)(5) Client#2 MAR was not documented daily. Sheet not completed from 1/8/2026 thru 1/11/2026.

54(c)(6) Client #2 ADL flowsheet was not documented daily. Sheet not completed from 1/6/2026 to 1/11/2026.

Client #1 did not have evidence of RN monthly visit notes for November and December 2025.

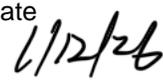
54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.



Compliance Manager


Primary Care Giver



Date


Date