

# Foster Family Home - Deficiency Report

Provider ID: 1-090098

Home Name: Raquel Lagpacan, CNA

Review ID: 1-090098-17

94-427 Kuahui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/23/2026

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 1/23/2026).

## 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): 2nd set of background checks were due by 10/27/2025 for CG#4.

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1. Clearance was due by 5/22/2025 and completed 1/11/2026.

No initial set of Fieldprint fingerprint background checks completed present in CCFFH records for HHM#2.

No sex offender registry searches conducted for CG#4, CG#5, HHM#1, 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 evidence present in CCFFH records of confidentiality policies training completed for CG#4, CG#5, and HHM#2.

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**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).

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- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

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- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

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- 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)(4): No substitute caregiver disclosure form completed for CG#4.
- 41.(B)(7): TB clearance not issued on DOH approved document for CG#1.
- No TB clearance present in CCFFH records for CG#4.
- 41.(b)(8): Bloodborne pathogen training was due by 1/2/2026 for CG#4.
- No evidence present in CCFFH records of bloodborne pathogen training was completed for CG#5.
- 41.(e): CG#4 is not approved as a 3 bed CCFFH substitute caregiver.
- 41.(f)(1): TB clearance was due by 3/27/2024 for HHM#1.
- 41.(g): No evidence present in client records of basic caregiver skills were checked for CG#4 and CG#5.

**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) Staff: CCFFH had not been using any 3 person CCFFH Sign Out sheets to track the hours the PCG is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.

# 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 present in client records for all clients for CG#4 and CG#5.

No evidence of RN delegations present for rectal suppository medication administration by client #2's case management agency for CG#2, CG#4, and CG#5.

No evidence of RN delegations present for inhalation, nasal spray medication administration by client #3's case management agency for CG#2, CG#4, and CG#5.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(5): Fire extinguisher present at CCFFH was not full and needed to be replaced. Other fire extinguishers present at CCFFH did not have fuel gauge and CTA unable to determine if it is full.

49.(c)(3): Holes found and tiles missing in client's shower/bathing area.

Medium size hole found in screen window of client #3's bedroom.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#4 and CG#5.

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Federal regulations require client bedrooms and bathroom doors to be able to be locked only from the inside by the client for privacy. Door was only able to lock from the outside of the client's bedroom.

Belongings that did not belong to client #3 were present in client #3's bedroom.

# Foster Family Home - Deficiency Report

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): Evidence of lapse of service plan present in client #3's records. Service plan was due by 8/02/2025 and completed 10/06/2025.

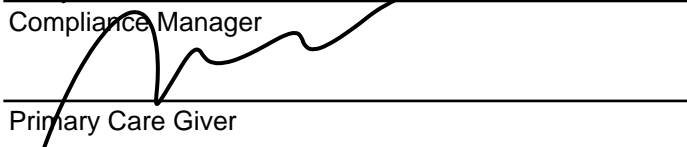
54.(c)(5); Discrepancy noted in medication administration of client #1's Aspirin. Documentation present in client records stated it had been given daily since 1/21/2026 but CG#1 reported to CTA it was discontinued in 10/2025. CG#1 verbally stated that she thinks the last time it was actually administered was in 10/2025.

54.(c)(6): No evidence of RN/SW monthly visits were conducted on months of 12/2025, 11/2025 for client #1 and 12/2025, 11/2025, 5/2025, 2/2025, and 1/2025 for client #2 and client #3.

54.(c)(8): No documentation present of inventory of personal belongings for client #1.



Compliance Manager



Primary Care Giver

1/23/26

Date

1/23/26

Date