

Foster Family Home - Deficiency Report

Provider ID: 1-140005

Home Name: Shiela Marie Dupra, CNA

Review ID: 1-140005-17

94-968 Lumimoe Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 2/13/2026

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/13/2026 with Plan of Correction due to CTA within 10 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) Sex Offender check are not present for CG#4.

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.a.4 and 41.j.2. No approved caregiver was present in the CCFFH to care for Client#1 and Client#2.

41.b.4 Disclosure form present was out dated for CG#1.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2. It was due on/before 1/2/2026 and not in the file.

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Physical Environment

[11-800-49]

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

Comment:

49.(c)(3) - There was evidence that the CCFFH was not being maintained in a clean, well ventilated, adequately lighted and safe manner.

-Lanei Door Screens was missing for the sliding doors, which would allow entrance of insects/vermin. Currently there are multiple flies swarming in the kitchen and dining table.

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.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54(c)(2) No current signature for service plan present for Client# 1..

54(c)(5) Client#1 and Client#2 MAR was not documented daily. Sheet not completed from 02/07/26 to 02/13/26.

54(c)(6) Client#2 ADL flowsheet was not documented daily. Sheet not completed from 02/07/26 to 02/13/26.

Client #1 did not have evidence of RN monthly visit notes for 12/2025.

Compliance Manager

Primary Care Giver

Date

Date