

Foster Family Home - Deficiency Report

Provider ID: 2-130057

Home Name: Delailah Babapulle, CNA

Review ID: 2-130057-20

684 Kilaha Place

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 4/6/2026

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 (inspection date: 4/06/2026).

6.(d)(1): No evidence present in client #2's records of current 1147 assessment.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): Monthly Fire drills were only conducted in the morning and afternoons in the past 12 months.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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.(a)(1): Discrepancy noted in the evacuation map compared to physical layout. Client common living area not properly identified in correct area of the map.

54.(c)(5): No supply present for client #1's Pantoprazole, Ellipta, and Acetaminophen and for client #2's Tamsulosin and Senna-S.

54.(c)(5)(6): No daily documentation present in client records of medication administration and ADL/skilled nursing checklist for client #1 from 3/30/2026 to 4/06/2026 and ADL/skilled nursing checklist for client #2 from 4/01/2026 to 4/06/2026.

54.(c)(8): No documentation present in client #1's records of inventory of personal belongings.



Compliance Manager


Primary Care Giver

4/6/26

Date
4/6/26

Date