

Foster Family Home - Deficiency Report

Provider ID: 1-240054

Home Name: Jo-Anne Tuppal, RN

Review ID: 1-240054-6

99-1723 Hoapono Place

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 3/17/2026

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 inspection made for a 2-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days of issuance (issued on 3/19/26).

6.d.1- Client #1's 1147 document was not signed by the client's PCP/MD as client's status was Private Pay which required an MD's signature.

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.

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.

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)(8)- CG#3's CPR/Basic First Aid certification expired on 2/15/26 and no current training certificate was present.

41.(b)(8)- CG#1, CG#2, and CG#3's blood borne pathogen and infection control training expired on 7/3/25 and no current documents were present.

41.(c)- CG#1 and CG#2 without any hours of the annual training for the years 2024 and 2025. CG#3 without any hours for the year 2025.

41.(g)- CG#3 without evidence of having had the basic skills checks for Client #1 and Client #2.

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 for CG#3 on oral medications administration for Client #1 and Client #2.

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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)- No monthly fire drill conducted from March 2025 - June 2025 and no nighttime fire drill was conducted for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

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

Comment:

49.(a)(3)- CCFFH's living room was cluttered with children's toys, baby stroller, colored pens (on the floor), baby blanket, ipad, etc.

49.(a)(6)- CCFFH's Emergency exit pathway from front door leading to the front of the home was obstructed with large automobile tires. Wheelchair/walker would not be able to pass through in the event of an emergency evacuation.

49.(c)(3)- Client #1 and Client#2's bedroom windows were very dusty. Clients' toilet bowl and shower floor with dark brown stains; bathroom faucet/sink dirty.

49.(c)(3)- Clients' bathroom door was broken- wood peeling off and door was unable to properly close completely.

49.(c)(3)- CCFFH's front door screen with a large hole/rip at the bottom. Bugs, mosquitoes, vermin, spiders, etc. can enter the home/bedrooms and can possibly bite the clients.

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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:

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

Comment:

50.(a)- CCFFH without an Emergency Preparedness Plan. No evidence that CG#2 and CG#3 were trained.

50.(b),(b)(1), (b)(2)- Client #2 with an MD order of Lanoxin 250mcg daily, medication was not available and was not transcribed in the client's Medication Administration Record (MAR). CG#1 stated that client had not been given the medication. CG#1 was instructed to inform MD and client's RN case manager.

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Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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;

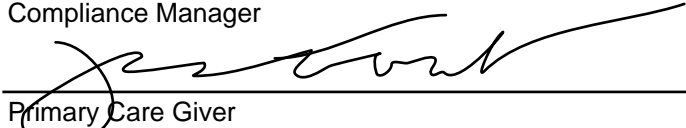
Comment:

54.(b)(1)- CCFFH's binder/chart was in disarray which made for a difficult review of records.
54.(c)(2)- Client #2's Service Plan/HAP dated 12/16/25 without the client's POA's signature.
54.(c)(5)- Client #1's Valsartan medication label and MD order did not match the client's Medication Administration Record (MAR).
Client #2's medications of Lanoxin, Acetaminophen extra strength, polyethylene glycol/miralax, and Senna/Docusate were not transcribed in the client's MAR for the month of March 2026.

 3/19/26

Compliance Manager

Date


Primary Care Giver

3/19/26

Date