

Foster Family Home - Deficiency Report

Provider ID: 1-240051

Home Name: Lily Rose Dulatre, NA

Review ID: 1-240051-4

91-803 Kehue Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 3/31/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection days: 3/31/2026).

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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search completed for CG#1, CG#2, and CG#3.

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

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

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.

Comment:

41.(b)(7): TB clearance was due by 3/5/2026 for CG#1.

41.(b)(8): Evidence of lapse present in CCFFH records of first aid/CPR training for CG#1. CPR/First aid training was due by 11/30/2025 and completed 3/07/2026 for CG#1.

Evidence of lapse present in CCFFH records of bloodborne pathogen training present for CG#3. Bloodborne pathogen training was due by 7/22/2025 and completed 1/29/2026 for CG#1.

Bloodborne pathogen training was due by 7/22/2025 for CG#1.

41.(c): Only 4 hours of in-service training completed in 2025 present in CCFFH records for CG#2.

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): No evidence present in CCFFH records of fire drill conducted during 1/2026 and 2/2026.

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Foster Family Home 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): Leak present in client #2's bedroom ceiling.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) The CCFFH has a locked gate at the sidewalk that lacks a communication method to inside the CCFFH for quick access into the CCFFH by visitors.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): Automobile insurance present in CCFFH records for CG#2 and CG#3 expired. CTA unable to verify if insurance met minimum coverage requirements.

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): Door knob for client #1's bedroom door is missing. Unable to close and lock door safely to ensure privacy.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

Comment:

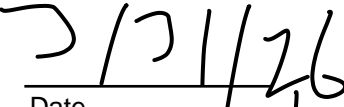
54.(b): No caregiver signature present in each progress note entry for client #1 and #2.

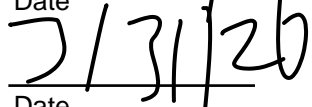
54.(c)(5)(6): Evidence present in client records of CCFFH documented medication administration and ADL/skilled nursing checklist of future events prior to them actually occurring for client #1 and #2. Evening medications were documented as administered and lunch and dinner intake was already documented prior to occurring.



Compliance Manager


Primary Care Giver



Date


Date