

Foster Family Home - Deficiency Report

Provider ID: 1-562034

Home Name: Lydia Carpio, CNA

Review ID: 1-562034-19

94-1046 Puloku Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 3/16/2026

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: 3/16/2026).

6.(d)(1): 1147 assessment present in client records expired 2/03/2026 for client #1 and 11/1/2025 for client #2.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): APS/CAN clearance was due by 1/25/2026 and completed 2/13/2026 for CG#4.

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

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

Comment:

41.(b)(7): Evidence of lapse of TB clearance present in CCFFH records for CG#4. TB clearance was due by 12/18/2025 and completed on 1/28/2026 for CG#4.

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: No evidence present in CCFFH records of caregiver sign-in and out had been updated in the past 12 months. CG#1 left CCFFH during CTA's inspection and log was not updated.

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 evidence present in client #1's records of RN delegations given for topical and subcutaneous medication administration and blood sugar monitoring for all caregivers.

No evidence present in client #2's records of RN delegations given for topical, inhalation, and eye drop medication for all caregivers.

Foster Family Home - Deficiency Report

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)(b)(2): No evidence present in CCFFH records of a fire drill conducted from 5/2025 to 2/2026. No evidence present of CG#2, CG#3, and CG#5 conducted a fire drill in the past 12 months.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No evidence present in client records of list of side effects of current medications for client #1 and client #2.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources. last entry in monthly budget dated 5/2025.

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): Last service plan present in client #1's records dated 5/04/2025 and was next service plan was due by 11/30/2025.

54.(c)(5): Discrepancy noted in client #1's Basaglar medication in medication administrative record (MAR) and physician order. MAR stated Basaglar 14 units SQ every evening but physician order was 10 units SQ daily.

During CTA's inspection, CTA observed no documentation of medications administration for client #1 and client #2 from 3/2/2026 to 3/16/2026 and CG#1 documented those dates while CTA was present. CG#1 also documented future medications scheduled 3/16/2026 evening for client #1 and #2 and 3/17/2026 for client #1.

54.(6): No documentation of ADL/skilled nursing checklist from 3/2/2026 to 3/16/2026 for client #1 and client #2.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1 and client #2.



Compliance Manager



Primary Care Giver

3/16/26

Date

3/16/26

Date