

Foster Family Home - Deficiency Report

Provider ID: 1-120053

Home Name: Madeline Ulep, RN

Review ID: 1-120053-19

94-1469 Hiapo Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/24/2026

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 days: 3/24/2026).

6.(d)(1): 1147 assessment present in client records expired for client #1 and #3.

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 for CG#1, CG#2, and CG#5.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality training completed for CG#4 and CG#5.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(2) Be a NA, an LPN, or RN;

- 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)(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.(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.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check for CG#5.
- 41.(b)(4): No evidence present in CCFFH records of disclosure form completed for CG#1 and CG#5.
- 41.(b)(7): TB clearance present in CCFFH records not signed by MD/APRN/NP and documented on department approved TB clearance form for CG#1.
No TB clearance present in CCFFH records of TB clearance for CG#5.
- 41.(b)(8): CPR training present in CCFFH records expired 3/8/2026 for CG#1 and 12/31/2025 for CG#5.
First aid training present in CCFFH records expired 3/3/2026 for CG#2 and 12/31/2026 for CG#5.
No bloodborne pathogen training present in CCFFH records for CG#5.
- 41.(g): No evidence present in CCFFH records of basic caregiver skills were checked for CG#4 and CG#5 by client #1, #2, or #3.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

- (3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

Comment:

- (3P)(a)(4) Staff: No documentation present in CCFFH records of minimum 1 year work experience for CG#4 and CG#5.
- (3P)(a)(5) Staff: 7 hours of in-service training completed in the past 12 months and 17 hours of in-service training completed in the past 24 months present in CCFFH records for CG#2.

Foster Family Home	Client Care and Services	[11-800-43]
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- 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 records of RN delegations of any tasks were given for client #1, #2, and #3 for CG#4 and CG#5.

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3 Person Physical Environment

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(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No evidence present in client #2's records signed of agreement of living in a shared bedroom.

Foster Family Home

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:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#4 and CG#5.

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)(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.(c)(2): Last service plan present in client records dated 8/7/2025 for client #1 and 3/22/2024 for client #2.


54.(c)(6): No evidence present in client records of case management agency RN/SW monthly visit conducted month of 4/2025 for client #1, 2/2025 to 5/2025, 7/2025 to 12/2025, and 2/2026 for client #2, and 12/2025 and 1/2026 for client #3.



Compliance Manager


Primary Care Giver



Date


Date
