

Foster Family Home - Deficiency Report

Provider ID: 1-240046

Home Name: Julie Ann Lacsamana, CNA

Review ID: 1-240046-5

3555 Kalihi Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/29/2026

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 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 4/29/26).

PCG requests to increase from a 2-bed to a 3-bed CCFFH.

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)- CG#2's TB clearance expired on 4/10/26. No current result was present.

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:


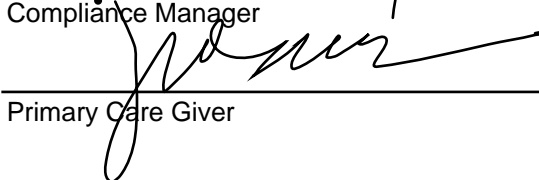
47.(c)- No list of medication's side effects present in Client #1 chart/records.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- Medication discrepancy noted on Metoprolol during medication review for Client #2. Metoprolol dosage was missing in client's Medication Administration Record from 4/2025 - 4/2026.


Compliance Manager

Primary Care Giver

Date 4/29/26
Date 4/29/26