

# Foster Family Home - Deficiency Report

Provider ID: 2-130030

Home Name: Catherine Gacula, CNA

Review ID: 2-130030-17

45-3329 Ulu Street

Reviewer: Maribel Nakamine

Honoka'a HI 96727

Begin Date: 7/9/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/9/25).

6.d.1- Client #2's 1147 lapsed on 1/21/25 and no current 1147 document was present in client's chart.

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 RN delegations present for CG#1, CG#2, and CG#3 in Client #1's chart for client's use of oxygen, nebulizer treatments, and wound care.

 Compliance Manager	 Date
 Primary Care Giver	 Date