

Foster Family Home - Deficiency Report

Provider ID: 1-190075

Home Name: Marie Alane Garrido, CNA

Review ID: 1-190075-13

271 Kaliponi Street

Reviewer: Ryan Nakamura

Wahiawa

HI

96786

Begin Date: 7/1/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/1/2025).

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 for eye drop medication administration by client #1's case management agency for CG#1, CG#2, CG#5, and CG#6.

43.(c)(3): No evidence present in client records of RN delegations for oral, topical, and rectal suppository medication administration by client #1's case management agency for CG#1, CG#2, CG#5, and CG#6.

Foster Family Home	Records	[11-800-54]
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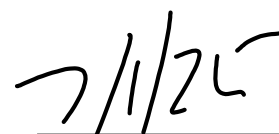

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): No documentation of medication administration of fish oil medication for client #2. Fish oil not listed in client's medication administration record (MAR).


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager:

Ryan Nakamura.

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Maria Alane Garrido

(PLEASE PRINT)

CCFFH Address:

271 Kaliponi Street, Wahiawa, HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
43(c)(3)	REQUESTED a copy of RN DELEGATION FOR EYEDROP MEDICATION ADMINISTRATION TO PLACE IN BINDER	7/2/25	Home will create a check list of all Training Forms that need to be signed prior to caregiver being added to home.
43(c)(3)	RN DELEGATIONS HAVE ALL BEEN completed for CG #1, CG #2, CG #5, CG #6 by client's CMA and has been placed in client's RECORD.	7/9/25	Home will Notify Client's CMA that RN delegation needs to be completed prior to caregiver's start date.

☒ All items that were corrected are attached to this POC
PCG's Signature: CMA APM

Date: 7/20/25

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager:

Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Marie Alane Garrido

(PLEASE PRINT)

CCFFH Address:

271 Kaliponi Street

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
546(X5)	Violation cannot be corrected fish oil medication was added to Client #2's Medication Profile and Log		Home will set a reminder in iPhone Calendar at the beginning of Each Month to check and make sure Medication administration records match with Medication bottles and all medications are listed accordingly. Home will notify CMA immediately in the event changes need to be made.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Marie A. Garrido

Date:

7/31/25☒ CTA has reviewed all corrected items