

# Foster Family Home - Deficiency Report

Provider ID: 1-160028

Home Name: Mariedel Garingo, CNA

Review ID: 1-160028-18

1334 Noelani Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 6/13/2025

## 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 30 days of inspection (inspection date: 6/13/2025).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8): Evidence of lapse of first aid/CPR for CG#1. Training was due by 3/11/2024 and completed 5/22/2024.

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

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

Comment:

(3P)(a)(1) Env: No evidence provided by CCFFH of written consent of consent of living in a shared bedroom by client #2. No documentation provided.

## 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#2 and CG#3.

## Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

Comment:

54.(c)(1): No documentation provided by CCFFH of client #3's face sheet.

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: MARIEDEL GARINGO

(PLEASE PRINT)

CCFFH Address: 1334 Noelani St. Pearlcity, Hi. 96782

(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?
41.(b)(8)	Lapse cannot be corrected	6/13/25	Home will use a wall calendar to put all due dates on. Cpr/first aide will be done at least one week before due date to prevent future lapses.
(3P)(a) (1)	POA signed the written consent of consent of living in a shared bedroom by client #2. It was placed client binder.	6/16/25	PCG/CMA will inform POA to sign the written consent during admission, as part of contract.
50.(a)	Scg#1 and scg#2 signed the emergency management preparedness policy. It was place PCG binder.	6/20/25	PCG will update and sign of the emergency management policy of all new added scg before added
54.(c)(1)	PCG/CMA provided a copy of face sheet of client#3 and placed on client binder.	6/14/25	PCG will look face sheet of client binder during admission or PCG will immediately update client binder. as part of contract.

☒ All items that were corrected are attached to this POC

PCG's Signature: M. Garingo

Date: 06/20/25

☒ CTA has reviewed all corrected items