

# Foster Family Home - Deficiency Report

Provider ID: 1-220076

Home Name: Gina Roldan Pagtama, CNA

Review ID: 1-220076-7

91-1009 Pa Street

Reviewer: Maribel Nakamine

Ewa Beach

HI 96706

Begin Date: 7/3/2025

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 7/13/25).

3 Person Fire Safety,  
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(2)Fire- No nighttime monthly fire drill conducted for the past 12 months.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training present for Client #1 and Client #2's pureed/honey thickened liquids for CG#1, CG#2, CG#4, CG#5, CG#6, and CG#8. Client #3's without training present for CG#1, CG#2, CG#4, CG#5, CG#6, and CG#8 for client's pureed/nectar thickened liquids.

## 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)- CG#2, CG#4, CG#5, CG#6, and CG#8 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## 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)- Client #1's Service Plan(SP) lapsed on 5/15/25 and no current SP was present. Client #2's Service Plan dated 1/21/25 without the POA's signature.

54.(c)(6)- Client #1's progress notes documentations were without the caregiver's/writer's signatures after each dated entries from 11/15/24-7/3/25.

Maribel Nakamine, RN  
Compliance Manager

Primary Care Giver

Date

Date

7/13/25 5:41:13 PM



CTA RN Compliance Manager: Ms. Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Gina Roldan Pagtama

(PLEASE PRINT)

CCFFH Address: 91-1009 pa st, Ewa Beach, HI 96706

(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?
3p.b.2	Fire Drill completed and held at nighttime.	7/6/25	Home will make a reminder to make sure that Fire Drill will be held different times of the day, evening and night.
47.c	Submitted signed Proof of Training of all SCG's for special feeding needs of the clients (pureed/ honey thickened liquids).	7/8/25	Home will notify CMA to give proper training regarding special feeding needs of clients and will make a checklist to make sure that it will not happen again.
50.a	Submitted signed forms Proof of Training for Emergency Preparedness plans to all SCG's.	7/8/25	I will have all my SCG's will signed upon working for the Training for Emergency Preparedness plans. In timely manner and set a reminder.
54.c.2	submitted updated service plan for client #1 and signed service plan dated 1/21/25 by the POA for client #2	7/16/25	Home will make a checklist and notify RNCM that Service Plan need to be updated and properly signed.
54.c.6	submitted signed progress note after checking/correcting by the [REDACTED] inspector	7/4/25	Home will do a checklist to make sure that all documents must be signed especially the Progress Note after doing the documentation.

☐ All items that were corrected are attached to this POC

PCG's Signature: 

Date: AUG. 1, 2025

☒ CTA has reviewed all corrected items