

Foster Family Home - Deficiency Report

Provider ID: 3-190057

Home Name: Rosalinda Ganir, CNA

Review ID: 3-190057-12

74-5044 Hua'ala Street

Reviewer: Ryan Nakamura

Kailua-Kona HI 96740

Begin Date: 7/8/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/8/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): No evidence present in CCFFH records of any sets of background (APS/CAN/Fieldprint fingerprint and sex offender registry) check completed for HHM#1.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#1. APS/CAN clearance was due by 6/15/2025.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality/privacy training completed for CG#2, CG#3, CG#4, and HHM#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(h) The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance. TB clearance was due by 8/22/2024 for CG#1, 7/9/2024 for CG#2, none on record for HHM#1.

41.(h): No evidence present in client records of basic caregiver skills were checked for CG#2 and CG#3 for client #1. No signature by RN from client's case management noted.

Foster Family Home - Deficiency Report

Foster Family Home

Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): Fire drills were conducted in the mornings only for the past 12 months.

46.(b)(2): No evidence present in CCFFH records of CG#2, CG#3, and CG#4 conducted a fire drill in the past 12 months.

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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c): No evidence present in client records of list of side effects of current medications for client #1.

47.(d)(1)(2): No evidence present in client records of physician order of full bedside rails for client #1. Client's service plan did not address use of bed rails.

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 caregivers.

Foster Family Home

Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

54.(c)(8) Personal inventory.

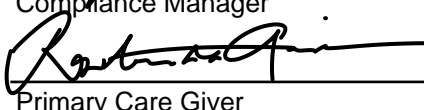
Comment:

54.(c)(3): Monthly visit summary stated client is puree diet and pudding thick consistency but service plan stated that client is regular/easy to chew consistency and thin liquids. CG#1 stated that client was puree diet and thin liquids. No physician order in client records to determine physician diet order.

54.(c)(8): No documentation present in client records of inventory of client #1's personal belongings.



Compliance Manager



Primary Care Giver

7/8/25
Date
7/8/25
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: Rosalinda Ganir

CCFFH Address: 74-5044 Huaala Street Kailua Kona, Hawaii, 96740

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?
6 (d)(1)	Obtained clients record from case management	7/31	-Go over clients records with case management RN upon admission, follow up at least every 3 months.
8(a)(1)(2)	Appointment for APS/CAN/ fingerprint and sex offender registry was made and completed by 7/29 for HHM#1	7/29	-PCG and will make a checklist of all CG's and HHM requirements with due dates. Use stick notes for reminder dates. Review CCFFH binder every 1st, 15th of each month.
8(a)(2)	Lapse cannot be corrected, obtained new APS/CAN clearance for CG#1	7/14	-Use stick notes for reminder dates. Review CCFFH binder every 1st, 15th of each month. Set reminders on cell phone calendar.
16(a)(5)	PCG discussed confidentiality/ privacy training to all CG and HHM	7/30	-If there are any new CG or HHM, immediately go over training and obtain Signature. Use stick notes for reminder
41(b)(7)	Obtained TB clearances	7/23	-PCG and will make a checklist of all CG's and HHM requirements with due dates. Use stick notes for reminder dates. Review CCFFH binder every 1st, 15th of each month.
41(h)	Clients RN went over basic care giver skills with CG#2 and CG#3, all signature obtained	8/3	-Go over clients records with case management RN upon admission, follow up at least every 3 months.
46(a)	PCG had CG #2, #3 and #4 perform fire drills different dates and times of the day	7/30	-Assign CGs at the beginning of the month to perform at least 1 fire drill during the month. Follow up with CGs by 27th of each month.
46(b)(2)	Lapse cannot be correct	7/30	-Assign CGs at the beginning of the month to perform at least 1 fire drill during the month.
47(c)	Gathered side effects list for medications for client and put in binder		-PCG is to keep current medication papers in clients binder when medication is received from pharmacy.

☒ CTA has reviewed all corrected items
☐ All items that were corrected are attached to this POC

PCG's Signature: Date: CTA has reviewed all corrected items

 8/4/2026
Rosalinda Ganir

CTA RN Compliance Manager:

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

PCG's Name on CCFFH Certificate: **Rosalinda Ganir**
(PLEASE PRINT)

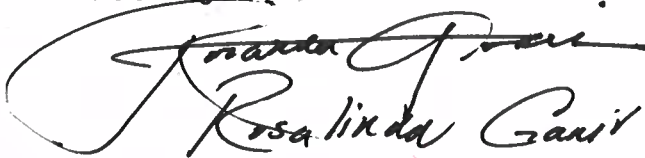
CCFFH Address: **74-5044 Huaala Street Kailua Kona, Hawaii, 96740**
(PLEASE PRINT)

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?
47(d)(1)(2)	Physician reevaluated client and updated order for use of full bed side rails	7/30	CGs will go over clients service plan every 2 weeks with PCG. sticky notes for reminders. All CGs to initial.
50(a)	Reviewed and obtained signatures from CGs	7/30	-PCH will set reminders on wall calendar and CCFFH binder to review at the beginning of every month.
54(c) (3)	Physician reevaluated client and updated diet order	7/30	-CGs will go over clients service plan every 2 weeks with PCG. sticky notes for reminders. All CGs to initial.
54(c)(8)	PCG did inventory for client and obtained POA signature	8/1	PCG will do inventory for each client upon admission. PCG has made a reminder on checklist in CCFFH binder.

☒ CTA has reviewed all corrected items

X All items that were corrected are attached to this POC

PCG's Signature: Date: CTA has reviewed all corrected items/

 8/4/2016
Rosalinda Ganir