

Foster Family Home - Deficiency Report

Provider ID: 1-110062

Home Name: Frances Gay-ya, CNA
1931 Kalihi Street
Honolulu HI 96819

Review ID: 1-110062-25
Reviewer: Ryan Nakamura
Begin Date: 8/7/2025

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: 6/7/2025).

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No evidence present in CCFFH records of updated caregiver sign-in and sign-out sheet. Last entry noted 3/15/2023. CG#1 was on vacation from 8/1/2025 to 8/4/2025.

Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4): Clutter found from shared client bedroom to exit. Path is not wheelchair accessible.

Foster Family Home

Client Rights

[11-800-53]

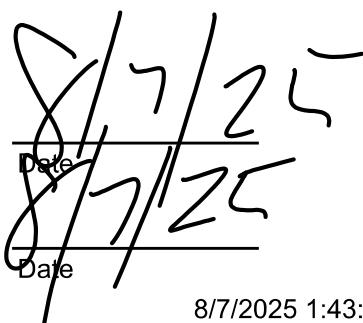
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Multiple belongings found in client #1's bedroom not belonging to the client. All belongings in clients bedrooms should belong to the client.


Compliance Manager

Primary Care Giver


Date
8/7/25
Date
8/7/25

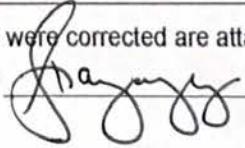
Community Care Foster Family Home (CCFFH)
 Written Plan of Correction (POC)
 Chapter 11-800

PCG's Name on CCFFH Certificate: Frances Gay-ya
 (PLEASE PRINT)

CCFFH Address: 1931 Kalihi Street, Honolulu, HI 96819
 (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	Updated the sign-in and sign-out sheet to reflect CG#1's vacation.	8/10/2025	Any time a caregiver takes time off, CG#1 will make sure coverage is planned and recorded beforehand using a calendar.
49.a.4	All clutter was removed. The walkway is now clear and fully wheelchair accessible. Checked all other walkways to make sure they are also clear.	8/29/2025	Home will check all walkways daily for clutter or blockage. All caregivers were reminded that exits and walkways must stay open and safe at all times.
53.b.9d	All items that did not belong to clients were removed. The rooms now only contains the client's personal belongings.	8/29/2025	Home will do weekly checks to make sure bedrooms are clean, private, and only contain the client's items. Any extra household items will not be in client spaces.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 08/29/2025

CTA has reviewed all corrected items