

Foster Family Home - Deficiency Report

Provider ID: 1-240075

Home Name: Gina Cawaling, NA

Review ID: 1-240075-3

1551 Hooli Circle

Reviewer: Ryan Nakamura

Pearl City

HI 96782

Begin Date: 6/12/2025

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 2 bed CCFFH recertification. Report issued via email on 6/27/2025 with written plan of correction due to CTA 30 days.

6.(d)(1): No evidence present in CCFFH records of CNA prometric registry check for CG#2. No documentation provided.

Foster Family Home

Background Checks

[11-800-8]

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): Sex offender registry checks not present in CCFFH record for CG#1, CG#2, CG#5, CG#6, and CG#7.

8.(a)(1)(2): No Fieldprint background checks (Fingerprint nor APS/CAN) present in CCFFH record for CG#7. Unknown when CG#7 was added to CCFFH as a SCG.

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Personnel and Staffing

[11-800-41]

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(d) The substitute caregiver who provides three or more hours of services per day to a client shall, at a minimum, be a NA.

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(b)(1): No documentation present in CCFFH record of current ID for CG#5 and CG#6 to prove age requirement.

41.(b)(4): Discrepancy noted in household member composition compared to what was reported by CG#6. CG#1's disclosure form stated only one person lived at CCFFH but CG#3 reported three people lived there not including the clients.

41.(b)(4): No evidence present in CCFFH record that substitute caregiver disclosure forms were completed for CG#5, CG#6, and CG#7.

41.(b)(7): No evidence present in CCFFH record of current TB clearance for CG#5, CG#6, and CG#7. No documentation present for CG#5 and CG#6. TB clearance was due by 2/12/2025 for CG#7.

41.(b)(8): No evidence present in CCFFH record of current CPR/first aid training completed for CG#1, CG#5, and CG#6. Documentation provided for CG#1 stated that full course was not completed and certificate is only for online portion. No documentation was provided for CG#5 and CG#6.

41.(b)(8): No evidence present in CCFFH record of current first aid training for CG#2 and CG#7.

41.(b)(8): No evidence present in CCFFH record of current bloodborne pathogen/infection control training was completed for CG#5, CG#6, and CG#7.

41.(c): No evidence present in CCFFH record of minimum 12 hours of annual in-service training for CG#1 and minimum 8 hours of annual in-service training for CG#7 in 2024.

41.(d)(j)(2): Evidence provided by CCFFH that CG#5 and CG#6, both are less than 3 hour caregivers, stated to CTA that CG#1 left at 0700 and expected to arrive back at 1900. CTA asked who is going to cover once 3 hours elapsed, CG#6 was unable to provide an answer initially and then stated that CG#7 will come to relieve duties. CG#7 arrived at 1030 thus caused CG#5 and CG#6 to provide care longer than approved for. CTA discussed with CG#7 that unless another existing approved caregiver that is a NA/CNA/RN/LPN, he must stay until CG#1 arrives back at CCFFH. CTA left at approximately 1150 and came back at 1425. CTA found only CG#5 and CG#6 at CCFFH with the clients. Clients' case management agency arrived at 1430 and then CG#7 arrived at 1435.

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Foster Family Home**Client Care and Services****[11-800-43]**

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): Evidence provided by CCFFH showed that CCFFH did not follow proper process of medication administration according to client #1 and client #2's RN delegation. CG#7 stated that he administered medications on a daily basis but documents provided showed that CG#6 was the caregiver that signed off medication administration for both client #1 and #2.

43.(c)(3): RN delegations for client #2 were signed by the CM RN, but the form did not include a list of CG names or CG signatures. CTA was unable to verify that CG#1, #2, #5, #6, and #7 had received RN delegations for client #2.

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.

Comment:

46.(a): No evidence present in CCFFH record of fire drills being conducted monthly. No documentation present for months of 5/2025, 4/2025, 12/2024, and 11/2024.

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;

Comment:

47.(c): No documentation present in CCFFH or client record of list current medications' side effects for client #1 and client #2.

47.(d)(1): No documentation present in client record of physician order for use of bed side rails for client #1 and #2.

Foster Family Home**Physical Environment****[11-800-49]**

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5): CG#6 and CG#7 attempted to test a smoke detector in the home. Smoke detectors was unable to be tested successfully. Prior to CG#6 testing smoke detector, the battery was out of the socket.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1): During CTA's arrival for CCFFH's recertification inspection, CG#6 and CG#7 provided client #1 and client #2's charts to CTA. CTA asked for administrative binder with caregiver records, both caregivers did not know where binder was. After approximately 20 minutes, caregivers were able to provide CTA with administrative binder. CTA unable to effectively review CG#5, CG#6, and CG#7 administrative records. Documents provided by CCFFH for CG#5 and CG#6 were only fingerprint/APS/CAN background checks and substitute caregiver approval form issued by CTA. No documents were found in administrative binder for CG#7 and CG#7 showed documents via picture from another CCFFH's binder.

Foster Family Home

Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No documentation present in CCFFH record of current budget or fiscal records (i.e., bank statement) to show facility's resources. Last entry in CCFFH's monthly budget dated for the month of 2/2025.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(b)(1) Permit effective professional review by the case management agency, and the department; and

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

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;

54.(c)(8) Personal inventory.

54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.(b)(1): During CTAs inspection, CTA asked a question to CG#6 regarding a question of medication administration. CG#7 intervened and stated that he was the person that administered medications to all clients. CTA questioned who signed medications on clients' medication administration record (MAR). CG#7 stated that CG#6 signed medications, but CG#7 administered medications. Initials "YC" did not match first and last name of either caregiver. CG#7 then stated that they both signed the medications. CTA unable to perform effective review due to contradicting responses by caregivers compared to documentation.

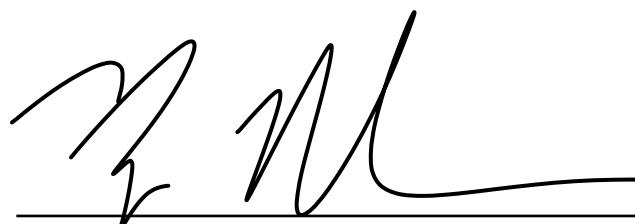
54.(c)(2): No documentation present in client records of current service plans for client #1 and client #2.

54.(c)(5): No evidence present in client records of daily documentation of medication administration for client #1 of all medications. No documentation of medication administration prior to 1/01/2025 and no documentation noted of 5 routine medications for the month of 4/2025 and 3 routine medications for the month of 3/2025.

54.(c)(6): No documentation present in client records of progress notes of significant events since client #1 and client #2's admissions. No documentation of ADL flowsheets prior to 3/01/2025 since client #1's admission.

54.(c)(8): No documentation present in client record of inventory of personal belongings for client #1 and client #2.

54.(e): Chart of previous client found in CCFFH. client's chart must be returned back to client's case management agency.



Compliance Manager

Primary Care Giver



6/27/15

Date

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Foster Family Home

Records

[11-800-54]

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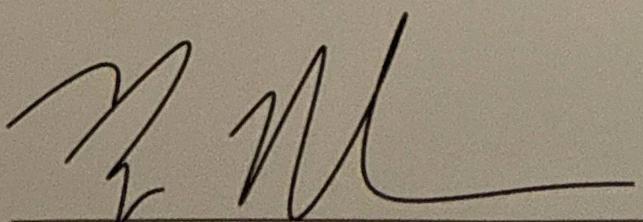
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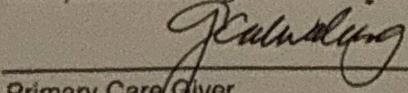
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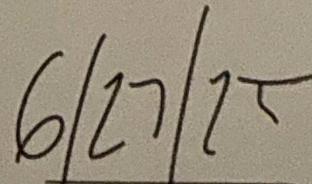
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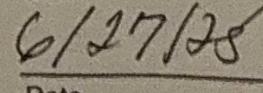
Compliance Manager



Primary Care Giver



Date



Date

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

PCG's Name on CCFFH Certificate: Gina Cawaling

(PLEASE PRINT)

CCFFH Address: 1551 Hooli Circle Pearl City Hawaii 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?
8.(a)(1)	Obtained a copy of the Sex offender registry for CG#1,2,5,6,7	7/15/25	Put a reminder note on my binder for the missing paperworks.
8.(a)(1)(2)	obtained a copy if the Fieldprint background for CG#7	7/15/25	Make sure to have a reminder date for the updated requirement for CG's paperwork
41(b)(1)	Made a copy of the ID's for CG#5 and CG#6	7/15/25	Make sure to have a reminder date for the updated requirement for CG's and HHM paperworks.
41(b)(4)	Updated my disclosure form for CG#1,5,6,7	7/15/25	Make sure to have a reminder date for the updated requirement for CG's and HHM paperworks.
41(b)(7)	Made a copy of the TB clearance for CG#and CG#6	7/15/25	Make sure to have a reminder date for the updated requirement for CG's and HHM paperworks.
41(b)(8)	Obtained a copy the CPR/first aid training for CG# 1,5,6 Obtained a copy bloodborne pathogen/infection control training for CG#5,CG#6 CH#7	7/15/25 7/15/25	Make sure to have a reminder date for the updated requirement for CG's and HHM paperworks. Put a reminder note on my binder for the missing paperworks.
41(c)	Obtained a copy of annual in service training for CG#1 and 8 hours in service for CG#7	7/15/25	Put a reminder note on my binder for the missing paperworks.
41(d)(j)(2)	CG#5 and CG#6 put a marker when the CG#1 left the home so they dont make a mistake of the time.	7/15/25	Put a Note pad at the home for reminders and agenda's for CG's

 All items that were corrected are attached to this POCPCG's Signature: Gina Cawaling

Digitally signed by Gina Cawaling
Date: 2025.07.30 11:57:31 -10'00'

Date: 7/15/25 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: Gina Cawaling

(PLEASE PRINT)

CCFFH Address: 1551 Hooli Circle Pearl City Hawaii 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?
46(a)	Found the copy of the fire drill that was conducted 11/24, 12/24, 4/25 and 5/25	7/15/25	Put a reminder note on my binder for the missing paperworks. to make sure I have an updated paperworks.
47(c)	Obtained a copy of the medication side effects from CM	7/15/25	Put a reminder note on my binder for the missing paperworks.
47(d)(1)	Obtained an order from the physician's office for the bed rail client #1 and client #2	7/15/25	Put a reminder note on my binder for the missing paperworks.
49(a)(5)	We replaced and make sure the smoke detectors are working. and Trained the Cg's how to use it.	7/15/25	Make sure to put a work order for all the equipment that need to be replaced and a reminder on my phone.
52(a)(b)(c)	Made a monthly budget records	7/15/25	Put a reminder note on my binder for the missing paperworks.
54(b)(1)	Educated CG's to relax and just listen to the questions properly, do not answer right away if they are sure about it. have them repeat the questions if so.	7/15/25	Educate all the Cg's regarding MAR documentation to make sure they have knowledge about the medications and documentation they are dealing with.
54(c)(2)	Obtained the copy of the service plan from CM	7/15/25	Put a reminder note on my binder for the missing paperworks.

All items that were corrected are attached to this POC

PCG's Signature: Gina Cawaling

Digitally signed by Gina Cawaling
Date: 2025.07.30 11:57:31 -10'00'

Date: 7/15/25

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: Gina Cawaling
(PLEASE PRINT)

CCFFH Address: 1551 Hooli Circle Pearl City Hawaii 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?
54(c)(5)	filed the copy of the MAR of 4/25	7/15/25	Put a reminder note on my binder for the missing paperworks.
54(c)(6)	Filed the ADL notes for 3/1/25 for client #1	7/15/25	Put a reminder note on my binder for the missing paperworks.
54(c)(8)	Made the client's inventory of personal belongings for client#1 and client#2	7/15/25	Put a reminder note on my binder for the missing paperworks.
54(e)	Contacted CM and returned the previous client's binder.	7/15/25	Make sure to return the old binder to the CM and to close the clients chart. and I will make a note on my phone calendar as a reminder.

All items that were corrected are attached to this POC

PCG's Signature: Gina Cawaling

 Digitally signed by Gina Cawaling

Date: 2025.07.30 11:57:31 -10'00'

Date: 7/15/25

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: Gina Cawaling

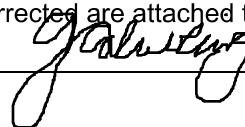
(PLEASE PRINT)

CCFFH Address: 1551 hooli Circle Pearl City Hawaii 96818

(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?
6(d)(1)	Obtained a Copy of the CNA registry for CG#2	7/30/25	I will make a reminder note on my phone notes for the missing documents for my binder.
41(d),(j),	Educated CG's to listen carefully and do not get nervous. We hired a new approved caregivers to help us with the care when I am not home to do errands	7/30/25	I will put a Note at the home for my sign in/ sign out time when I go out.
43(c)(3)	Educated CG's how to handle the MAR documentation, how to mark it when they administer medications to prevent errors	7/15/25	Make sure to educate and re-educate CG's with all the documentations especially medication. Will review every year with CGs
50(e), (e)(1)	Re-educate CG's where to find the binder when CTA comes and make sure they understand what they are asking for.	7/3/25	Make sure to educate and re-educate CG's with all the documentations for all the clients and PCG. make sure they know when to locate the binders. Will review every year with CGs.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/8/25

CTA has reviewed all corrected items