

Foster Family Home - Deficiency Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA
91-1082-A Kauiki Street
Ewa Beach HI 96706

Review ID: 1-090104-19
Reviewer: Ryan Nakamura
Begin Date: 7/24/2025

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 during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/24/2025)

Foster Family Home

Background Checks

[11-800-8]

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

Comment:

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#2. APS/CAN clearance was due by 5/30/2025.

Foster Family Home

Personnel and Staffing

[11-800-41]

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

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance signed by MD/DO/APRN/NP for CG#4. Current TB clearance was signed by RN.

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): No evidence present in client records of RN delegation from client's case management agency for Oxygen administration for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home

Medication and Nutrition

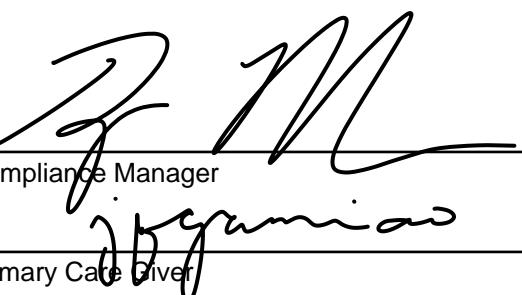
[11-800-47]

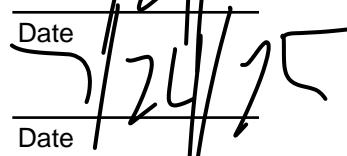
47.(d) Use of physical or chemical restraints shall be:

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

Comment:

47.(d)(1): No evidence present in client records of physician order of use of bed side rails for client #1.


Compliance Manager
Primary Caregiver


Date

Date

7/24/2025 10:54:13 AM

CTA RN Compliance Manager: Ryan Nakamura, RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Josephine Gamiao, NA
(PLEASE PRINT)

CCFFH Address: 91-1082-A Kauiki Street 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?
8.(a)(2)	CG#2 The issue has been addressed and completed right away. Results file to their records in the CCFFH binder.	07-30-25	<p>Home staff(s) files on their background checks will be keep current and updated.: > Regular Tracking of Clearance Expiration Dates: Using a system (manual or digital) to track all staffs clearance expiration dates. Set up reminders or alerts (e.g., 30 days prior to expiration) to ensure that APS/CAN clearances are renewed and documented before they expire.</p> <p>> Staff Training: Provide ongoing training and reminder for all staff members on the importance of maintaining up-to-date APS/CAN clearances.</p> <p>> Quarterly Compliance Audits: To do regular internal audits every quarter to know that all required clearances are up to date for all staffs. Use reminder tab on each staff with expiration dates.</p> <p>> Started a checklist of required documentation for each staffs to ensure no paperwork is missing or out of date.</p>
41 47.(b)(7)	CG#4 obtained a current TB clearance using the correct standard form. The completed and approved form has been reviewed and placed in CG#4's file.	07-25-25	<p>Home staff(s) TB Clearance standard form will be keep current and updated: >Home has been instructed to use only the approved standard TB clearance form. >A checklist of required documentation, including form versions, has been updated >File audits will be conducted quarterly to ensure all health-related forms are current and compliant.</p> <p>>Any outdated or missing documents will be flagged for immediate follow-up and correction by using visual reminder tab.</p>

All items that were corrected are attached to this POC

PCG's Signature: Y. Nakamura

Date: 08-27-25

CTA has reviewed all corrected items

CTA RN Compliance Manager: _____

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

PCG's Name on CCFFH Certificate: _____
(PLEASE PRINT)

CCFFH Address: _____
(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?

All items that were corrected are attached to this POC

PCG's Signature: 

Date: _____

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Josephine Gamiao, NA

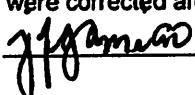
(PLEASE PRINT)

CCFFH Address: 91-1082-A Kauiki Street 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?
47.(d)(1)	CL#1 - Physician Order requested, contact was made with the client's PCP to request a formal written order for the continued use of bedside rails. The signed physician order has been received and filed in client's records.	07-25-25	<p>Client's records restraints will be keep accurate and updated.</p> <p>> Physician Order on restraints was verified: A new checklist has been use as part of the client admission and care planning process to ensure all assistive devices, especially safety-related items like side rails, have documented physician orders.</p> <p>> Service Plan Review Process with client's CMA - notify CMA that a physician order get.</p> <p>> Quarterly Documentation Audits: all client files will be conducted to ensure required physician orders, care plans, and supporting documentation are current and complete.</p> <p>> Any discrepancies will be corrected immediately with appropriate follow-up.</p> <p>> Physician re-authorization will be requested as needed, based on the client's condition and care needs.</p>

All items that were corrected are attached to this POC

PCG's Signature:  Date: 08-27-25

CTA has reviewed all corrected items