

# Foster Family Home - Deficiency Report

Provider ID: 1-561870

Home Name: Gemma Alvia, CNA

Review ID: 1-561870-18

94-915 Kumuaao Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/20/2025

## 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 issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/20/25).

## Foster Family Home Information Confidentiality [11-800-16]

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 confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, HHM#2, HHM#3, and HHM#4.

## Foster Family Home Personnel and Staffing [11-800-41]

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

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.

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 8/13/25 and CG#3's lapsed on 10/17/25- no current results were present.

41.(c)- CG#2 was short of 5 hours of annual in-service for the year 2024.

## 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- CCFFH's last entry in Sign Out/In form was dated 5/14/24. CTA compliance manager was unable to determine if CG#1 was using NA's & CNA's per rules.

# Foster Family Home - Deficiency Report

## 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- CCFFH without a nighttime fire drill conducted.

## 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)- Client #1 was on pureed diet. No training present for CG#1, CG#2, and CG#3.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- The CCFFH was observed to have a portable gas burner connected to a gas tank (15 lbs); gas tank label stated, "NOT FOR INDOOR USE". The portable stove was located on top of the CCFFH kitchen stove (electric). This must be corrected immediately due to the gas tank can possibly explode/fire hazard. The gas burner stove & tank were removed immediately from the CCFFH's kitchen by CG#2 and placed outside the home (backyard). CG#1 must turn in to CTA a written plan of correction by tomorrow, 11/21/25.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form completed for Client #1's stage 2 coccyx decubitus ulcer.

## 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)- Client #1's bedroom doorknob without a lock from the inside for client's privacy.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]


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

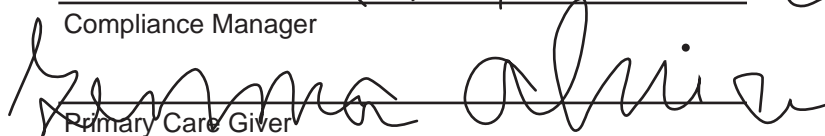
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

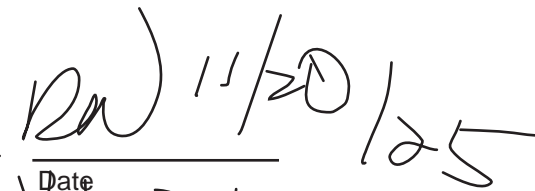
Comment:

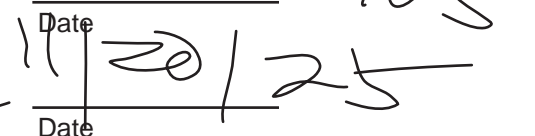
54.(c)(5)- Client #1's Medication Administration Record(MAR) was last completed/signed on 11/17/25. There were 4 medications that were not transcribed in client's November 2025 MAR- benzonatate, haldol, acetaminophen, and bisacodyl. Also, there was no MD order present for Iodosorb use for client's decubitus treatment. Client #2's MAR was last completed/signed on 11/16/25. Client #3's MAR was last completed/signed on 11/17/25. Client #3 with trazadone medication bottle available- was not transcribed in the November 2025 MAR and unable to locate MD's order.

54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet was last completed/signed on 11/17/25.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Maribel Nakamine, RN

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

PCG's Name on CCFFH Certificate: Gemma Alvia

(PLEASE PRINT)

CCFFH Address: 94-915 Kumuao St. Waipahu Hawaii 96796

(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?
16(b)(5)	Lapse cannot be corrected Trained All CGs and HHMs	11/20/25	Provide Training for CG #2, CG# 3 HHM #2, HHM3# and HHM#4on Confidentiality Policies & Procedures & Clients Right. and make a check list on CG's binder.
41(b)(7)	CG #2 and CG #3 got TB clearance and CG #3 also with document F	11/20/25	Home will use a checklist with all HHM and SCG to track when TB clearance is due or make a note on the wall Calendar.
41(c)	Lapse cannot be corrected	11/20/25	CG#1 will make a note in all SCG' binders to make sure there's no lapse on all IN-Service training and maintain the documentation of training recived by all Caregivers.
(3P)(b) (2)Staff	Lapse cannot be corrected	11/20/25	When the Primary Caregiver's absent, make sure that the substitutes are provided the Sign In/Out form, sign it, and left visible for easy access.
(3P)(b) (2) Fire	Lapse cannot be corrected	11/22/25	Home will ensure that Fire drills include night time drills and caregiver places a reminder on the wall calendar.

 All Items that were corrected are attached to this POCPCG's Signature: Gemma AlviaDate: 12-2-2026 CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

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

CCFFH Address: 94-915 Kumuao St. Waipahu HI  
(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.(e)	Lapse cannot be corrected. (training was obtain from CMA on 11/22/25	11/22/25	Home will ensure that all caregivers will obtain proper training from CMA when a new client is admitted to a home and when there is a special need to render to client. (feeding). New Caregiver will obtain training by CMA either at Home or at CMA office before CG can take care of the Client.
50.(b)	Lapse cannot be corrected	11/22/25	Home will make sure that all caregivers complete the Adverse Event Form and report immediately to CMA any changes on clients condition and put the document on clients folder.
53.(b)(9)	Doorknob w/o Lock was removed by CG#2 and Replace w/lock inside	11/21/25	Home will ensure that all clients doors have a doorknob w/ the lock inside the room.
54.(c)(5)	Medication Discrepancy was corrected by CMA and CG#1 on Clients Administration Record. error was on the back page (3)	11/22/25	CG#1 will make sure that all the Medication Administration Record and actual Medication Bottles are match. Home will notify CMA for any discrepancies.
54.(c)(6)	ADLs/Daily Care Flow Sheets was corrected by CG#1	11/20/25	Home will ensure that all Caregivers Do the ADLs/Daily Care Flowsheet at the end of each day and Caregiver will put a reminder in the wall calendar.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: 02/13/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

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

CCFFH Address: 94-915 KUMUHO ST. WAIPAHU, HI 96797  
(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?
49.(c)(3)	THE GAS BURNER STOVE & TANK WERE REMOVED	11-20-25	HOME WILL NOT USE THE GAS BURNER STOVE & TANK. INSIDE THE HOUSE.

All items that were corrected are attached to this POC

PCG's Signature: Gemma Alvia

Date: 11-21-25

CTA has reviewed all corrected items