

# Foster Family Home - Deficiency Report

Provider ID: 1-210047

Home Name: Gianelli Gail Cagaoan, CNA

Review ID: 1-210047-12

94-568 Palai Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 2/18/2026

## 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 via email on 02/20/2026 with written plan of correction due to CTA within 10 business days.

## 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)(2): No evidence present in CCFFH records of initial APS/CAN/fingerprint background checks for HHM#3.

No evidence present in CCFFH records of sex offender registry search completed for CG#7 and HHM#3.

## 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 evidence present in CCFFH records of CCFFH's confidentiality training completed for CG#7 and HHM#3.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

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- 41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.
- 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.
- 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.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check completed for CG#7.

41.(b)(1): No ID present in CCFFH records for CG#7. CTA unable to verify caregiver's age.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure completed for CG#7.

41.(b)(7): TB clearance was due by 11/24/2025 for CG#7.

41.(b)(8): No evidence present in CCFFH records of bloodborne pathogen training completed for CG#7.

Bloodborne pathogen training was due by 1/02/2026 for CG#1.

First aid/CPR training present in CCFFH records expired 4/3/2025 for CG#1.

41.(c): Only 2 hours completed of in-service training in the past 12 months and 12 hours in the past 24 months for CG#1. No hours of in-service training completed present in CCFFH records for CG#7.

41.(f)(1): No TB clearance present in CCFFH records for HHM#3.

41.(a)(4)(e)(g)(h)(j)(2): CTA arrived at CCFFH at approximately 10:30 and was greeted by HHM#2 at arrival. CTA asked for the approved caregiver on duty and HHM#2 stated that CG#1 went out to pick up medicine. CTA examined through out the CCFFH and found 3 household members (HHM#1, HHM#2, and HHM#3) with 3 clients that needed assistance in transferring. CG#1 arrived at 10:50 and stated that CG#7 was supposed to be on their way but did not wait for CG#7 to arrive.

41.(g): No evidence present in client records of basic caregiver skills were checked by client #1, #2, or #3's case management agency for CG#7.

<b>3 Person Staffing</b>	<b>3 Person Staffing Requirements</b>	<b>(3P) Staff</b>
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(3P)(a)(4) Staff	A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.	
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(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.	
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Comment:

(3P)(a)(4) Staff: No work experience form present in CCFFH records for CG#7.

(3P)(b)(2) Staff: No evidence present in CCFFH records of CCFFH using any 3 person CCFFH Sign Out sheets to track the hours the PCG is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.

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<b>Foster Family Home</b>	<b>Client Care and Services</b>	<b>[11-800-43]</b>
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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 delegations given for client #1 and #2 for CG#7.

<b>Foster Family Home</b>	<b>Fire Safety</b>	<b>[11-800-46]</b>
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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 records of fire drill conducted from 3/2025 to 1/2026 by any caregivers.

<b>Foster Family Home</b>	<b>Medication and Nutrition</b>	<b>[11-800-47]</b>
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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.

Comment:

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

<b>Foster Family Home</b>	<b>Insurance Requirements</b>	<b>[11-800-51]</b>
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51.(a)(1) General;

Comment:

51.(a)(1): CG#7 not listed in CCFFH's general liability insurance present in CCFFH records.

<b>Foster Family Home</b>	<b>Client Rights</b>	<b>[11-800-53]</b>
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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): Belongings found in client #1's bedroom that did not belong to the client.

Client #1 and #2's bedroom door's locks were unable to be locked within the client's room. Locking mechanisms were facing the hallway.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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.(a)(1): Discrepancy noted in evacuation map compared to current physical layout of CCFFH. Evacuation map did not have additional 2 bedrooms (one client bedroom and one household members bedroom) and additional living area.

54.(c)(2): Last service plan present in client #3's records dated 6/15/2025 and was due by 10/31/2025.

54.(c)(5): No medication administration record (MAR) for month of 2/2026 for client #2 and #3.

Multiple discrepancies in client #1's MAR compared to medication label/physician order. MAR stated Venlafaxine 75mg PO BID but medication label/physician order stated once a day. MAR stated Bupropion 150 mg 3 tablets PO QD but medication label/physician order is 300mg 1 tablet PO QD.

54.(c)(5)(6): No daily documentation present of medication administration and ADL/skilled nursing checklist from 12/03/2025 to 2/18/2026 for client #1 and 2/01/2026 to 2/18/2026 for client #2 and client #3.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #1, #2, and #3.

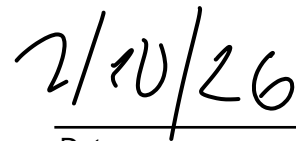
54.(e): Chart of a discharged client present at CCFFH. CG#1 reported that client was discharged in 9/2025. Records must be returned back to discharged client's case management agency.



Compliance Manager



Primary Care Giver



Date

February 20, 2026

Date