

Foster Family Home - Deficiency Report

Provider ID: 1-180011

Home Name: Imee Gallardo, CNA

Review ID: 1-180011-16

94-443 Kahualena Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/16/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/16/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2)
APS/CAN checks were overdue for CG#3 on 8/1/2024, have receipt but no proof of report in file.
CG#4 APS/CAN was due on or before 11/1/2025 and was not present in the CCFFH file.
APS/CAN checks were overdue for HHM#2 on 1/19/2025, have no proof of report in file.

8(c) State Name Check (eCrim) was overdue for CG#4.
CG#4 State Name Check (eCrim) was due on or before 11/1/2025 and was not present in the CCFFH file.

HHM#2 State Name Check (eCrim) was lapsed and was due on or before 1/19/2025 and was done on 10/12/2025.

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

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

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

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1 and #3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB current clearance was recorded as having past positive, but no proof of past positive in the file.

Foster Family Home - Deficiency Report

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conduct to included each CG at least once per year. CG#3 and CG#4 did not conduct a fire drill in the past 12 months.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e)(2) Inspection of service sites;

Comment:

50.(e)(2)- The CCFFH had restricting access to one of the bedroom. Inspection of that room was not possible.

Foster Family Home

Records

[11-800-54]

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

Comment:

54(c)(2)
No current signature of POA for service plan present for Client#1.

No current service plan present for Client#2 . Last one in record is dated 1/8/2025.

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Handwritten signatures and initials in black ink. The top signature is a cursive name, possibly 'DAN', with 'RN' written to its right. Below it is another cursive signature.

12/16/2025
12/16/25

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Imee Gallardo

(PLEASE PRINT)

CCFFH Address: 94-443 Kahualena 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?
8(a)(2)	CG#3 APS/CAN results 11/29/2024, copy placed in home binder. CG#4 APS/CAN scheduled on 01/02/2026, results 01/08/2026, HHM#2 APS/CAN scheduled on 01/02/2026, results are placed in home binder.	01/12/26	The home will use a wall calendar to document all due dates. Background checks will be completed two weeks prior to their due dates to ensure compliance.
8(c)	CG#4 eCrim done on 01/11/2026 and HHM#2 eCrim was done on 10/12/2025, results placed in home binder.	01/12/26	The home will maintain a daily reminder spreadsheet for all caregivers to prevent any lapses in eCrims compliance.
41(a)(2)	CG#1 and CG#3 results for Prometric registry was done on 01/11/2026 copies placed in home binder.	01/12/26	CG#1 will set a a reminder to print the updated Prometric registry prior to the expiration of the current registry to ensure continuous compliance.
41(b)(7)	CG#3 renewed TB clearance 12/17/25 to have proper documentation on TB results. New TB clearance result placed in home binder.		The home will conduct daily check ups of all the TB clearances to ensure proper and current documentation.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/12/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

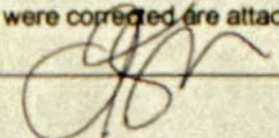
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Imee Gallardo

CCFFH Address: 94-443 Kahualena 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?
(3P) (b) (6)	CG#3 conducted fire drill 12/20/25, placed in home binder. CG#4 conducted 01/01/26, placed in home binder.	01/12/26	The home calendar will include schedules for all caregivers and SCGs, specifying the dates and times for conducting fire drills.
50 (e)(2)	All keys to the home will be provided to the PCG to ensure 24/7 access to all bedrooms for future inspections.	01/12/26	PCG will ensure access to all home bedrooms during future inspections to maintain state compliance.
54(c)(2)	Client #1 updated service plan signed by POA and placed in home binder. Client #2 new updated service plan placed in home binder.	01/12/26	CG #1 will review and update all service plans every six months, ensuring signatures from all POAs are obtained. And set daily reminder in home calendar to maintain state compliance.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/17/20

CTA has reviewed all corrected items