

Foster Family Home - Deficiency Report

Provider ID: 1-230005

Home Name: Kevin Jay Tagala, CNA

Review ID: 1-230005-9

94-618 Hiahia Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/24/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/24/2025).

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): Evidence of lapse present in CCFFH records of 2nd set of background checks for CG#2. 2nd set due by 3/4/2025 and completed 5/15/2025 for CG#2.

No evidence present in CCFFH records of 2nd set of background checks for HHM#2 and HHM#4. Second set was due by 9/24/2025 for HHM#2 and HHM#2.

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

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.

Comment:

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#1, CG#5, CG#6, HHM#2, HHM#4, and 1 HHM minor. TB clearance was due by 9/29/2025 for CG#1, 5/03/2025 for CG#5, 6/13/2025 for CG#6, 8/19/2025 for HHM#2, 8/14/2025 for HHM#4 and HHM minor.

Evidence of lapse present in CCFFH records of TB clearance for CG#2. TB clearance was due by 4/13/2025 and completed 5/12/2025.

41.(b)(8): No evidence present in CCFFH records of current first aid/CPR training for CG#5. CPR training due by 9/30/2025 and first aid training due by 4/30/2024.

No evidence present in CCFFH records of current bloodborne pathogen training for CG#5 and CG#6. Training was due by 4/24/2025 for CG#5 and 1/4/2025 for CG#6.

Evidence of lapse present in CCFFH records of bloodborne pathogen training for CG#2. Training was due by 4/24/2025 and completed 9/24/2025.

Foster Family Home - Deficiency Report

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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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. |
| (3P)(a)(5) Staff | Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS. |
| (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)(a)(4) Staff: No documentation present in CCFFH records of work experience form for CG#6.

(3P)(a)(5) Staff: CG#5 had no hours in the past 12 months and 14 hours in the past 24 months present in CCFFH records. CG#6 had no hours in the past 12 months and 12 hours in the past 24 months present in CCFFH records.

(3P)(b)(2) Staff: No evidence present in CCFFH records caregiver sign-in and out sheet initiated. Unable to verify if CCFFH is using NA's and CNAs per rules.

Foster Family Home	Client Care and Services	[11-800-43]
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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 by client #2's case management agency for rectal suppository medication administration for CG#1, CG#2, CG#5, and CG#6.

No evidence present in client records of RN delegations given by client #2's case management agency for oral and topical medication administration for CG#5 and CG36.

Foster Family Home	Fire Safety	[11-800-46]
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| 46.(b)(2) | All caregivers have been trained to implement appropriate emergency procedures in the event of a fire. |
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Comment:

46.(b)(2): No evidence present in CCFFH records of CG#5 and CG#6 conducted a fire drill in the past 12 months.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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- | | |
|-----------------|---|
| (3P)(b)(2) Fire | shall be held at different times of the day, evening, and night |
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Comment:

(3P)(b)(2) Fire: All fire drills conducted in the past 12 months conducted in the morning only.

Foster Family Home - Deficiency Report

Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client records of written consent/acknowledgement signed by client POA of use of camera/monitor for client #2.

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;

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

Comment:

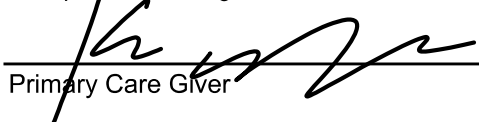
54.(c)(2): No evidence present in client records of current service plan for client #2.

54.(c)(5): No documentation present in client #1's medication administration record (MAR) of Tresiba medication dose to administer, Latanoprost, Brimonidine, Cosopt did not instruct which eye to administer medications, and Pravastatin medication instructions not present.

Latanoprost medication administration documented once daily but the instructions stated to be administered twice daily.



Compliance Manager



Primary Care Giver

11/24/25

Date

11/24/25

Date

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: KEVIN JAY TAGALA

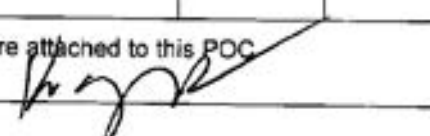
(PLEASE PRINT)

CCFFH Address: 94-618 HIAHIA PLACE 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)(1) (2)	CG#2 has provided the 2nd set of background check on 5/15/2025 it was lapse-compare to the due date 3.14.2025. Another oversight that HHM 2 and HHM4 has missed the 2nd year of fieldprint background check. They are now told to go and get biometrics done for their background check.	5.15.2025 12.22.2025	I am now starting a 2x a year check on my SCG paper. This may help avoid any more oversight in due dates. Using a wall calendar in the CCFFH area along with the patients schedules to make sure this gets done. (Photo attached) I will also use bi-yearly check in my binder as a reminder that CGs and HHMs (as well as mines) that proper papers are up to date.
41.(b)(7)	TB clearance are taken for CG1, HHM2, HHM4. And has result has been picked up. HHM-minor i would like to ask for exception as the minor has NO interactions with the patients because they are in separate area. Also, CG2 has lapse tb and has been corrected.	12.18.2025	Along with the wall calendar, I have created a clipboard where ALL items that has expiration dates along with copies of TB, CPR etc is in there. Using the "Renewal Clipboard" maybe its easier for me to remind myself to have CG's and myself be reminded since I can see there is outstanding documents in the clipboard.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/22/2025

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: KEVIN JAY TAGALA

(PLEASE PRINT)

CCFFH Address: 94-618 HIAHIA PLACE, 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?
41.(b)(8)	CG#5 cpr training has been submitted by the CG. As well as blood borne pathogen for CG5 and CG6. As for CG2 a lapse in bloodborne has been corrected as of 9/24/2025 (items attached)	12.18.2025	I will use the "Renewal Clipboard System" this may include SLL trainings and renewable documents. This may assists me in correcting these issues since I could see there are documents outstanding in the clipboard. Ones items are reconciled they would be then remove in the clipboard.
(3P)(a)(4)	I am currently waiting for the CG6 response into my request of the copy of her work experience form.	12.22.2025	Currently outstanding -document
(3P)(a)(5)	CG5 and CG6 has sent and i have received their 12 hours in service for my CCFFH records - attached documents	12.18.2025	To prevent this from happening again. I plan to ask the association to send me a copy of their training hours since we do most likely attend the training together via zoom.
(3P)(b)(2)	I have created a sign in sheet for Caregivers sing in and out. Attached document . No assistants needed at this time so it is blank.	12.1.2025	To avoid this, I will from now on put the sign in sheet by the entrance door. So CG's upon entrance must sign in first.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/22/2025

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: Kevin Jay Tagala

(PLEASE PRINT)

CCFFH Address: 94-618 Hiahia Place, 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?
43.(c)(3)	Delegations for rectal suppository and CG1,CG2 , CG5 and CG6 complete . Delegations for oral and topical medication administration along with he suppository has been completed.	12.22.20 25	To avoid this delegations i will be inviting my CG's within a month of new admission of new patient to avoid forgetting required documents.
46.(b)(2)	CG5 and CG6 completed 12/21 and 12/22 . We had two fire drills this month to have the required 1 per SCG.	12.22.20 25	To avoid this again, I have already set a time for this new year for early drill for the year 2026 to avoid forgetting having them do a fire drill with the residents.
(3P)(b)(2)	I am scheduling a fire drill that is at night time for this last month of the year. Which is completed 12.21.2025 at 7pm. In accordance with the anytime of day of practice.	12.21.20 25	To avoid this again; i will be scheduling fire drills by following a schedule i already made for the year 2026. This will help the time, and caregivers are all hand on deck during these scheduled drills ahead of time --at different times of day.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/22/2025

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: Kevin Jay Tagala

(PLEASE PRINT)

CCFFH Address: 94-618 Hiahia Place, 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.(b)(3)	Client 2 monitoring has been signed by the POA	12.2025	To avoid this for future clients. I have not put a blank copies of this form in each client closet. This may then in turn help me that paper be signed upon admission.
54.(c)(2)	A service plan has been printed from the case mgmt. and has been put into the client binder.	12.20.20 25	To avoid this in the future i will ask for an electronic copy. This will help me make sure i have it on hand all the time.
54.(c)(5)	A tresiba dose has been requested and added to MAR for client 1. Cosopt also has been put in the MAR for the time as well as Prvastin for instruction. The latanoprost is also adjusted to 2x daily as ordered. It's being administered 2x daily.	12.20.20 25	To avoid this for future— I will now make sure that MAR and the instruction on the bottle will be the same and always updated.

 All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 12/22/2025
 CTA has reviewed all corrected items