

Foster Family Home - Deficiency Report

Provider ID: 1-160094

Home Name: Love Grace Galicinao, CNA

Review ID: 1-160094-19

94-540 Farrington Highway

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/4/2025

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 12/4/25).

6.d.1- Client #1's current 1147 in record/chart without the MD/PCP's signature. Client #2's 1147 expired on 4/23/25 and no current document was present in client's chart/records.

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)- CG#1's APS/CAN was due on or before 2/24/25 and was done on 3/21/25; Ecrim was due on or before 2/24/25 and was done on 3/17/25.

CG#5's Ecrim was due on or before 6/16/25 and was done on 7/8/25.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#5's CPR/basic first aid was due on or before 5/30/25 and was done on 7/22/25.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CCFFH's General Liability Insurance Policy expired on 11/30/25.

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)- CCFFH with video surveillance cameras located in Client #3's bedroom, living room, and dining area. No consent was present in Client #3's record/chart.

Foster Family Home - Deficiency Report

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)- Client #1's Service Plan dated 7/15/25 without the client/POA's signature.

Client #2's Service Plan dated 10/29/25 without the client/POA's signature.

54.(c)(5)- Client #2's medication (Icosapent/Vascepa) was not transcribed in client's December 2025's Medication Administration Record (MAR).



Compliance Manager

Primary Care Giver

Date 12/4/25
Date 12/4/25

CTA RN Compliance Manager:

MARIBEL NAKAMINE / [REDACTED] [REDACTED]

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

Chapter 11-800

PCG's Name on CCFFH Certificate:

LOVE GRACE A. GALICINAO

(PLEASE PRINT)

CCFFH Address:

94-540 FARRINGTON HWY WAIPAHU HAWAII 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?
6.d.1	1147 for Client #1 was signed by PCP and Client #2's 1147 was updated and placed to Client's Chart.	01/02/26 & 12/05/25	In the future, Home will request or remind CMA 14 days before it due to faxed or email us a copy of updated 1147 and will make sure to have PCP sign it right away.
8.a.1,2	CG#1's APS/CAN/ECRIM & CG#5's ECRIM was updated and placed on Home Binder.	12/04/25	Home will use iPhone alert 6 weeks before it due to make sure I will not forget to inform CG and to give time to get it done before it due.
41.b.8	CPR-Basic First Aid for CG#5's was done and placed on Home Record.	12/04/25	Home will use notification calendar 2months before it due to allow time to get it done before it expired.
51.a.1	General Liability Insurance Policy was Renewed/Updated and place to Home Record.	12/05/25	Home will put reminder to pay liability insurance on the calendar 4 weeks before it expired to make sure home received insurance policy before due.
53.b.9	Video Surveillance Consent was signed by Client#3 and placed to Client Chart.	01/02/26	Home will put a reminder notes on the wall to make sure that video surveillance consent must sign on Admission day.
54.c.2	Client#1 & Client#2's Service Plan was signed by Client's POA and placed to Clients Record.	12/30/25 & 12/31/25	Home will put reminder notes on the wall and to clients room to make sure to inform and to have POA sign as soon as possible when service plan received.
54.c.5	Client #2's medication (Icosapent/Vasepa) was added to MAR and placed to Client Chart.	12/05/25	I will make sure to review MAR, Dr. orders and medications are matches correctly And I always make sure to informed CM and update MAR if any changes or new orders.

All items that were corrected are attached to this POC

PCG's Signature:

Date: 01/08/2026

CTA has reviewed all corrected items