

Foster Family Home - Deficiency Report

Provider ID: 1-250012

Home Name: Mayann Calingangan, NA

Review ID: 1-250012-3

1238 Noelani Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 12/15/2025

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 2-bed recertification inspection.

Deficiency report emailed to CCFFH with plan of correction due to CTA within 30 days of issuance (issued on 12/17/25).

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

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

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.(b)(7)- CG#1's TB clearance lapsed on 6/19/25 and was done on 10/6/25.

41.(h), (j)(2)- CCFFH with unapproved caregiver at the start of CCFFH inspection/survey. CG#1 (PCG) was not present in the home. HHM#1 (█ not a CTA approved SCG) was home with the 2 clients.

Foster Family Home Fire Safety [11-800-46]

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 nighttime fire drill was conducted by the CCFFH.

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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)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- Insulin glargine was missing time of administration in the Medication Administration Record(MAR) for the months of November 2025 and December 2025. Insulin regular was missing dose, frequency, and times of administration in client's MARs for the months of November 2025 and December 2025. There were 5 medications that were not written in the December 2025 MAR- Multivitamin, Senna, Hydrocortisone, Narcan, and Fluticasone propionate salmeterol.

Client #2- Acetaminophen with an expiration date of November 2025.
54.(c)(6)- Client #1's ADLs/Daily Care Flowsheet from 12/1/25- 12/14/25 was blank- missing documentations of care provided and client's activities.

Maikel Naleasire, PC 12/17/25

Compliance Manager

Date

Mariam Alizaga

Primary Care Giver

12/17/2025

Date

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: Mayann Calingangan
(PLEASE PRINT)

CCFFH Address: 1238 Noelani St. Pearl City, HI 96782
(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?
44.b.(7)	Lapse cannot be corrected.	12/15/25	Home will use cellphone, laptop, and Calender reminder 8wks, and 10 days before due date to prevent future lapses.
44.h.j.(2)	Sent in HHM#1 ^{me} SCG application. I will only use my CTA approved SCG until HHM#1 application is approved.	12/16/25	Will make sure HHM#1 is approved before utilizing his help. Also will make sure to have CTA approve SCG with my clients when I am out doing errands.
46.(a)	Lapse cannot be corrected but did conduct a night time fire drill on 12/16/25	12/16/25	CG#1 marking them on calender and phone setting up monthly reminder for fire drills at various times of the day.

All items that were corrected are attached to this POC

PCG's Signature: Mayann Calingangan

Date: 1/23/2026

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: Mayann Calingangan
(PLEASE PRINT)

CCFFH Address: 1238 Noelani St. Pearl City, HI, 96782
(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?
54.c.(5)	Updated Client #1 medication records for the month of 11/26; 12/26 to present. Updated Client #2 medication record from 11/25 - to present.	12/16/25	CG#1 is making sure all medication's complete, correct and current on MAR and checking off on med list daily. making sure to check - on medication expiration dates.
54.c.(6)	Updated Client #1 ADLs/daily Care flowsheet from 12/1/25- 12/14/25 to present.	12/16/25	CG#1 is making sure to update paper work daily right after task is completed on the correct forms.

All items that were corrected are attached to this POC

PCG's Signature: Mayann Calingangan

Date: 1/23/26

CTA has reviewed all corrected items