

Foster Family Home - Deficiency Report

Provider ID: 1-220003

Home Name: Nove Dawn Pagtulingan, CNA

Review ID: 1-220003-9

91-1135 Kiwi Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 10/21/2025

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: 10/21/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1 and client #2. No prior 1147 assessment present for client #1 and 1147 assessment expired 12/28/2024 for client #2.

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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender registry search for CG#1, CG#3, CG#6, and HHM#1.

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 was completed for CG#6.

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.

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.

Comment:

41.(b)(8): Evidence of lapse present in CCFFH records of bloodborne pathogen training for CG#3. Training was due by 8/2/2025 and completed 9/3/2025.

41.(g): No evidence present in client records of basic caregiver skills were checked by client #1 or #2's case management agency for CG#6.

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Client Care and Services

[11-800-43]

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 of any RN delegations were given by client #1 and #2's case management agency for CG#6.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): No evidence present in CCFFH records of CCFFH's emergency preparedness plan.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence present that CCFFH included CG#6 to current general liability insurance.

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;

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)(2): No documentation present in client records of current service plan for client #1 and #2. Last service plan present in client records were dated 5/18/2024 for client #1 and 4/19/2024 for client #2.

54.(c)(5): Discrepancy noted in client #1's medication administrative record (MAR) compared to medication label/physician order for Escitalopram. Client's MAR stated 5mg 1 tablet PO daily but physician order/medication label stated 10mg 1 tablet PO daily.

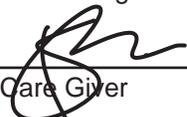
No daily documentation present in client records for client #1 and #2. Last documentation dated 10/08/2025. Also, no documentation noted from 9/27/2025 to 9/30/2025 for client #1 and #2.

54.(c)(6): No daily documentation of ADLs/skilled nursing present in client records for client #1 and #2. Last date of documentation on 9/26/2025 for client #1 and 9/30/2025 for client #2.

No evidence present in client records of RN/SW monthly visits by clients' case management agency for months of 12/2024, 11/2024, 10/2024, and 9/2024 for client #1 and #2.



Compliance Manager



Primary Care Giver

10/21/25

Date
10/21/25

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: Nove Dawn G. Pagtulingan

CCFFH Address: 91-1135 Kiwi St. Ewa Beach HI, 96706
(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)	I called the office to inform CMA to provide copy.	10/22/25	Make a calendar note to be reminded for the expiration date.
8(a)(1)	I already do the sex offender online and print a copy.	12/29/25	Check the month year and date for the last time you search and make calendar reminder.
14(b)(5)	SCG #6 was trained for confidentiality training.	11/17/25	PCG should check the documents that should be signed by SCG. PCG should remind and set a calendar reminder to train SCG.
41(b)(8)	Lapse cannot be corrected.	11/16/25	PCG should check the calendar reminder for upcoming training.
41(g)	Informed casemanager to provide SCG #6 the basic caregiver skills.	11/17/25	PCG needs to inform the CMA when adding SCG by calling them and make a note and attach to the binder.
43(c)(3)	Informed CMA for RN Delegation for SCG #6	11/17/25	PCG should call CMA when adding SCG and attach a note to the binder for delegation.

All items that were corrected are attached to this POC

PCG's Signature: JM

Date: 12/30/25

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: Novel Dawn G. Pughalingam

CCFFH Address: 91-1135 Kiwi St. Ewa Beach HI, 96706
 (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?
50.(a)	Informed SCG #6 and was already trained for emergency preparedness.	11/7/25	Check for unsigned documents and set a reminder to the phone for every training that should be done.
51(a)(i)	Informed the liability insurance to add the SCG #6	11/11/25	Set an alarm and calendar reminder to call the insurance to add SCG. SCG should be added right away.
54(c)(2)	I checked my email and print the service plan.	11/7/25	Check monthly year. Set a calendar reminder every year for every clients service plan.
54(c)(5)	Change the MAR and update the mg of the medication. Lapse cannot be corrected	10/22/25	Always check the bottle and MAR if its the same. If there is discrepancy check the doctor's visit note for the right amount and dosage or call the doctor.
54(c)(6)	Lapse cannot be corrected Informed the CMA and they email me copy	10/22/25	Always bring the MAR with the clipboard when giving medication and initial every medication given. Buy a clipboard and attach ADL's and initial everytime you do a task. PCG should ask the CMA during visit for a copy of the visit note before leaving the CCFFH.

All items that were corrected are attached to this POC

PCG's Signature: JM

Date: 12/30/25

CTA has reviewed all corrected items