

# Foster Family Home - Deficiency Report

Provider ID: 1-210017

Home Name: Rengeline Galera, NA

Review ID: 1-210017-14

94-778 Nolupe Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/2/2025

## 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 issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/2/25).

## 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)- No sex offender search result was present in record for CG#4.

8.(a)(2)- Lapse in background check present in record- CG#1's APS/CAN was due on or before 10/10/25 and was done on 11/3/25.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(4)- No Substitute Caregiver Disclosure form present in record for CG#2.

\*\*Note that this is a repeat violation.\*\*

41.(b)(7)- CG#1's TB clearance expired on 10/16/25 and no evidence of a current result; CG#2's TB clearance lapsed on 3/3/24 and was done on 11/13/25; and CG#4's TB clearance lapsed on 11/15/24 and was done on 8/25/25.

41.(b)(8)- CG#1's First Aid training expired on 9/5/22 and no evidence of a current certificate.

41.(c)- CG#1 without evidence of having the 12 hours of the annual in-service training for the year 2024.

# Foster Family Home - Deficiency Report

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

46.(b)(1) The client who is bed bound or unable to make independent decisions about individual safety shall have a designated person available at all times capable of evacuating the client; and

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(1)- CCFFH with 2 bedbound clients- CG#4 unable to determine the designated person for the second client in the event of an emergency/evacuation.

46.(b)(2)- CG#4 without evidence of having conducted a monthly fire drill for the CCFFH.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (1)- Client #1's bed with use of full bedrails. No MD order present in record/chart.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1)- No non-slip surface/rubber mat present on clients' shower floor.

49.(a)(2)- No grab bar/s present near clients' toilet.

49.(c)(3)- Clients' bathroom sink was observed to be slow draining/clogged. Bathroom mirror and faucet handle with multiple whitish stains.

## 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:

50.(b) Adverse events shall be reported

Comment:

50.(a)- No evidence of CG#2 and CG#4 of having been trained with the CCFFH's Emergency Preparedness Plan.

50.(b)- Client #1 with decubitus ulcers to Right buttock and Right outer/lateral ankle. No Adverse Events documents were present in client's chart/records.

## 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 and no evidence of a current policy in record.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a),(b)(c)- No evidence of CCFFH's current fiscal records.

## 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 #2's Service Plan stated that client on a nectar thickened liquids- client was observed to have been served thin liquid during dinner.

54.(c)(5)- Client #2 with three medications - ondansetron, polyethylene glycol, and loperamide that were not transcribed in the November 2025 Medication Administration Record (MAR).

*Maibelle Nakamine RA* 12/2/25

Compliance Manager

*[Signature]* SLG

Primary Care Giver

Date

Date

12/2/25

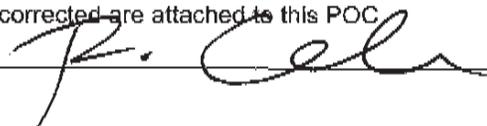
CTA RN Compliance Manager: [REDACTED] MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: Rengeline Galera  
(PLEASE PRINT)

CCFFH Address: 94-778 Nolupe 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)(1)	CG#4 sex offender search results completed and placed in Home Binder.	12/4/2025	Home will use post-it notes and place dates for each due dates. Sex offender checks will be done at least 2 weeks prior to due dates to prevent future lapse.
8.(a)(2)	Lapse cannot be corrected.		Home will use post it notes and place dates for each due dates. Background checks will be made 1 month prior to due dates to prevent future lapses.
41.(b)(4)	Substitute Caregiver Disclosure form completed and placed in Home Binder.	12/13/2025	Home will use cell phone reminder notes and place reminder for each disclosure forms needed for each Substitute Caregiver. For each substitute caregiver, will complete disclosure form and conduct monthly checks to ensure disclosure form is completed.
41.(b)(7)	Lapse cannot be corrected.		Home will use post-it notes and place dates for each TB clearance due dates for each individual substitute caregiver. TB clearance reminder will be done 2 weeks prior to due dates to prevent future lapses.

All items that were corrected are attached to this POC  
PCG's Signature: 

Date: 01/22/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: MARIBEL NAKAMINE, RN

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

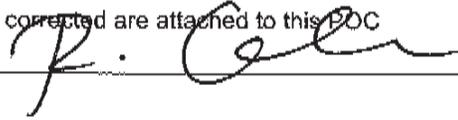
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41.(b)(8)	CG#1 First Aid training completed and placed in Home Binder.	1/22/2026	First Aid training will be placed in home binder upon completion so that it is ready to be viewed. Home will place post-it notes to check monthly so that future discrepancies can be avoided.
41.(c)	Lapse cannot be corrected.	12/16/2025	Completed in-service annual training for 2025 for CG#1. Post-it notes will be used to for annual in-service training reminders set up for quarterly checks so that future discrepancies can be avoided.
46.(b)(1)	Home trained CG#4 to determine the designated person for the second client in the event of an emergency/evacuation.	12/4/2025	Home will designate SCG in pairs when PCG not available and will also designate a SCG with PCG to accommodate for having 2 wheelchair bound clients in the event of an emergency/evacuation.
46.(b)(2)	CG#4 completed monthly fire drill for CCFFH for 2025.	12/13/2025	Home will place post-it note of CG names on fire drill tabs of Home Binder to show as a reminder of who has not completed fire drill for current year.

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PCG's Signature: Date: 01/22/2024
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CTA RN Compliance Manager:                      MARIBEL NAKAMINE, RN

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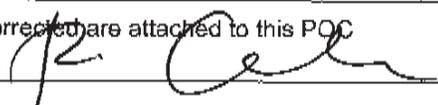
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CCFFH Address: 94-778 Nolupe St Waipahu, HI 96797

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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?
47.(d)(1)	Requested from MD for prescribed bedrails. Received order and placed in Client binder	1/12/2026	CG#1 will review MD orders and order being used to ensure that it is matching. Home will immediately notify CMA and or doctor if they are different.
49.(a)(1)	Installed non-slip surfaces/rubber mat on clients' shower floor.	12/15/2025	Home put up a notice on bathroom wall to serve as a reminder to put down non-slip mat before client use.
49(a)(2)	Grab bars have been installed for toilet and bathing area used by the client.	12/15/2025	Home put up a notice on bathroom wall to serve as a reminder to not remove/tamper with grab bars as it is client bathroom.
49.(c)(3)	Client bathroom sink cleared of any obstructions and slow draining has been resolved. Bathroom mirror and faucet handle has been cleaned and sanitized.	12/15/2025	Home put up a notice on bathroom wall to serve as a reminder to notify CG#1 immediately so that any clogs or unclean areas of the bathroom can be addressed immediately.
50.(a)	CG#2 and CG#4 have been trained with the CCFFH's Emergency Preparedness Plan.	12/15/2025	Home will use post it notes in areas of Home book that require training/signatures of all CG working in Foster Home.
50.(b)	Copy of AE attached to client binder. Requested to CMA to send copy of AE that was completed in the past as was not attached to HOME binder after submission to CMA.	12/15/2025	All documents will be placed in client binder immediately once faxed to CMA to prevent any discrepancies.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/22/2024

CTA has reviewed all corrected items

CTA RN Compliance Manager: [REDACTED]; MARIBEL NAKAMINE, RN

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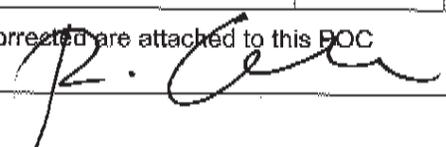
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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
51.(a)(1)	Submitted renewal for General Liability Insurance Policy. Once received, will place into Home binder	12/15/2025	Home will use post it notes and place on tab for when liability insurance will terminate. Date set will be 1 month prior to termination date to give ample time to obtain renewed policy.
52(a)(b)(c)	Lapse cannot be corrected. Completed December 2025 forward	12/20/2025	Home will use post it notes as a reminder to complete each monthly budget at the last day of each month to prevent any discrepancies.
54(c)(5)	Lapse cannot be corrected		CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different
54(c)(2)	Notified client that we will need to follow her service plan. Notified client that if she wants to change her diet that we will need to seek approval from her doctor.	12/3/2025	Home will notify CMA and doctor if changes can be made to her diet once client decides she wants the change. Moving forward, we will follow what is noted on client's service plan.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: \_\_\_\_\_

01/22/2026

CTA has reviewed all corrected items