

# Foster Family Home - Deficiency Report

Provider ID: 1-180030

Home Name: Zeilanie Tugas, CNA

Review ID: 1-180030-16

94-313 Paiwa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/5/2025

## 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 11/5/25).

## 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), (2)- CG#1's Ecrim lapsed on 3/6/25 and CG#2's Ecrim lapsed on 12/5/24. Both were without the current results present.

HHM#3's APS/CAN/Fingerprint or Ecrim lapsed on 1/10/25 and no current results were present.

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

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 11/13/24 and was not renewed until 4/16/25. CG#2's TB clearance lapsed on 11/1/24 and no current result was present.

41.(b)(8)- CG#2's CPR/Basic first Aid lapsed on 12/6/24 and no current certification was present. CG#2's blood borne pathogen and infection control certificate lapsed on 10/29/25 and no current document was present.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P)(b)(1), (2) Fire- No October 2025 monthly fire drill was conducted; no nighttime fire drill was conducted for the past 12 months.

# Foster Family Home - Deficiency Report

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 with the use of full bedrails. No MD order was present in chart/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;

Comment:

54.(c)(2)- Client #2's Service Plan lapsed on 5/1/25 and no current document was present in client's chart/records.

*Mariabel Nakamura, RN* 11/5/25

Compliance Manager

Date

*[Signature]*  
Primary Care Giver

Date

11/5/25

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: Zeitanie Tugai  
(PLEASE PRINT)

CCFFH Address: 94-313 Pahiwa St. 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?
8(a)(1)	Criminal History Record (Ecrim) was done and placed on file for CG#1, CG#2 and HHM#3.	11/25/2025	Home should be check binders every month and should make a reminder on the calendar for only upcoming due dates. The calendar will be place on the fridge where I can visually see everyday.
8(b)(2)	APS / CAN / Fingerprint was done and placed on file for HHM#3.	11/20/2025	To prevent from happening again home should be check all documents every month and it will be posted in front of home binder.

All items that were corrected are attached to this POC

PCG's Signature: *[Signature]*

Date: 02/04/2026

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: Zeilanie Tugas  
(PLEASE PRINT)

CCFFH Address: 94-313 Paiwa St. 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?
41(b)(7)	Lapse cannot be corrected for CG#1 TB clearance was obtained and it was placed on file for CG#2.	4/15/2025 5/20/2025	Future lapses will be prevented by using a wall calendar to put all due dates on and should be check binders once or twice a month.
41(b)(8)	CPR / Basic First Aid certificate was done and placed on file for CG#2.  Blood borne pathogens and infection control certificate was done and placed on file for CG#2.	2/1/2026  11/15/2025	Future lapses will be prevented by the use of reminder App. download to smartphone and computer.  To prevent from happening again home should check all documents every month and schedule due date will be posted in a wall calendar.

All items that were corrected are attached to this POC

PCG's Signature: *[Signature]*

Date: 02/04/2026

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: Zeilanie Tugae  
(PLEASE PRINT)

CCFFH Address: 94-313 Pahiwa St. Waiipahu, 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?
3(P)(6)(i)	Lapses cannot be corrected	11/06/2025	Home should make a calendar reminder to do the monthly fire drill and should be posted on the refrigerator.
47(d)(1)	May obtained order for restraint from the PCP.	01/11/2026	Prior to using any type of restraints such as bed full rails, PCG will contact PCP to get orders
54(c)(2)	Contacted CMA to provide service plan for client #2. Document was filed in client's folder.	11/03/2025	To prevent from happening again, home should use calendar on smart-phone to input reminder from any future due dates and should be check binders every week.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 02/04/2026

CTA has reviewed all corrected items