

Foster Family Home - Deficiency Report

Provider ID: 1-563595

Home Name: Juliana Aguinaldo, CNA

Review ID: 1-563595-18

99-143 Kalaloa Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/11/2025

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 with 30 days of inspection (inspection date: 8/11/2025).

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1, CG#2, and CG#4.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(a)(4) Staff: No evidence present in CCFFH records of minimum one year work experience for CG#5.

(3P)(b)(2) Staff: No evidence present in CCFFH records of updated caregiver sign-in and out sheet. CG#1 was on vacation since 7/30/2025. Last entry present in CCFFH records was 5/22/2025.

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 current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources. Last entry present in CCFFH records of a monthly budget dated 12/2023.

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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:

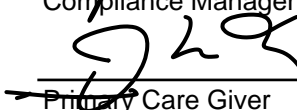
54.(c)(2): No evidence present in client records of client/POA signature of current service plan.

54.(c)(5): Discrepancy noted in client #1's medication label on hand compared to client's medication administrative record (MAR) and physician order. Folic acid medication label stated 1mg 1 tablet by mouth daily and MAR/physician order stated Folic Acid 5mg 1 cap by mouth daily.

54.(c)(6): No evidence present in client records of daily documentation of skilled nursing/ADLs and weekly vital signs for client #1. No documentation present since 7/30/2025.



Compliance Manager



Primary Care Giver



Date



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: Juliana Aguinaldo

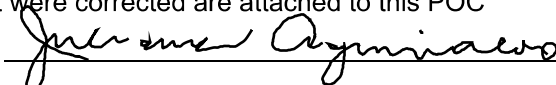
(PLEASE PRINT)

CCFFH Address: 99-143 Kalaloa St. Aiea HI 96701

(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.(a)(2)	Prometric Registry Search for CG's was verified from Hawaii State Nurse Aide Registry. CNA record was active & negative findings it was already filed on CCFFH chart.	9-4-2025	I made a checklist of all CG's requirements this will give me sufficient time to notify CG to secure the missing requirements. And I also marked on my calendar the dates of regular checking so I will be reminded every now & then to prevent citation for future review.
(3P)(a)(4)	One year job experienced for CG #5 she already made & submitted to me, it was placed to my CCFFH chart.	8-21-2025	I made a checklist of all CG's requirements this will give me sufficient time to notify CG to secure the missing requirements. I will not allow to render a care to my clients until they submitted to me their hours of experienced for my clients safety.
(3P)(b)(2)	CG#1 was on vacation during the survey. SCG's sign in & out sheet was done & filed to my CCFFH chart.	8-21-2025	From now on, before I go outside my CCFFH or for vacation, I will make sure that every SCG who watch my clients will remind them not to forget to sign the signing in & out form the start till finished their duties, to prevent violation for the future CTA visit. I will put this on a reminder list of duties for my SCGs.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/2/25

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: Juliana Aguinaldo

(PLEASE PRINT)

CCFFH Address: 99-143 Kalaloa St. Aiea HI 96701

(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?
52.(a)(b)(c)	I made the CCFFH budget when I came back from my vacation to show my facility income & expenditures. It was filed on my CCFFH chart	8-16-2025	Starting today, I will set my cellphone calendar's alarm that in every end of the month I will make sure to record my monthly income from my clients and other sources together with my expenses to maintained my monthly budget to prevent missing entry.
54.(c)(2)	My client service plan POA signature was forwarded this ling time issue to CMA and had been sendig POA documents several times to my client's daughter to New Mexico but it was never returned to CMA and CCFFH.		Im still waiting from my client's daughter to send us back the signed service plan document. Although I still continue to follow up wiht CMA & client daughter in regards with service plan signing from client POA. I will make a note on the service plan of the dates I try to send to client's POA to track,
54.(c)(5)	Medication discrepancy was corrected & verified by MD the right dosage, daily MAR was corrected by CMA & Pharmacy it was changed also to a new lable, this changes was file in client chart.		From now on, I will make sure the medication orders by the doctor are correct or it matches from the Pharmacy bottle that was labled with corrected dosage to prevent medication error when I pick up the medicine. I will notify the doctor and the case manager when I see a discrepancy so they can fix it.

All items that were corrected are attached to this POC

PCG's Signature: Juliana Aguinaldo

Date: 10/2/25

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: Juliana Aguinaldo
(PLEASE PRINT)

CCFFH Address: 99-143 Kalaloa St. Aiea HI 96701
(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)(6)	Client daily documentation records of Skill nursing, ADL's and Vital signs sheet was fixed & was done signing started from 7-30-2025 & it was filed on client chart.	8-13-2025	Starting today, before I go for vacation, I will make sure to update my client chart and remind my assigned SCG not to forget to sign in client skilled nursing sheet, ADL's & record their Vital Signs in each day to prevent violation from citation again in the future. I will put this on a reminder list of duties for my SCGs.

All items that were corrected are attached to this POC

PCG's Signature: Juliana Aguinaldo

Date: 10/2/25

CTA has reviewed all corrected items