Foster Family Home - Deficiency Report

Provider ID:	**2-170010**		
Home Name:	**Cecilia Gancinia, CNA**	**Review ID:**	**2-170010-18**
44-252 Hoolauae Street		Reviewer:	Ryan Nakamura
Honoka'a HI 96727		Begin Date:	6/3/2026

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 annual inspection for 2 bed CCFFH. Report issued via email with written plan of correction due to CTA within 10 business days of inspection (email issued on 6/4/2026).

Foster Family Home **Client Rights** **[11-800-53]**

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Belongings that did not belonged to client found in client #1 and #2's bedrooms. CG#1 confirmed that belongings did not belong to the client.

Foster Family Home **Records** **[11-800-54]**

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy noted in client #1's records of Mirtazapine dose was 15mg 1 tablet by mouth at bedtime, but physician order/medication label stated Mirtazapine 30mg 1 tablet by mouth at bedtime.

Compliance Manager — Date: 6/4/26

Primary Care Giver — Date