

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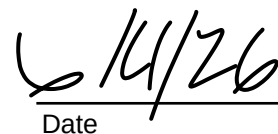
54.(c)(5) Medication schedule checklist;

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

Primary Care Giver

Date