Foster Family Home - Deficiency Report

Provider ID:	**1-190065**		
Home Name:	**Mildred D. Ganotisi, CNA**	**Review ID:**	**1-190065-16**
94-336 Loaa Place		Reviewer:	Po Lim
Waipahu HI 96797		Begin Date:	5/7/2026

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 inspection for a 3 bed CCFFH re-certification.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 5/7/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home — Background Checks — [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#1.
APS/CAN was due on or before 8/14/2025 and was completed on 1/22/2026.

8(c) State Name Check (eCrim) was lapsed for CG#1. State Name Check (eCrim) was due on or before 7/30/2025 and was completed on 1/26/2026.

Foster Family Home — Information Confidentiality — [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#4.

Foster Family Home - Deficiency Report

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

41.(a)(2)	Be a NA, an LPN, or RN;
41.(a)(3)	Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
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(a)(2) CG#2 and #3 are not approved to work in a three beds CCFFH.

41(a)(3) No job experience form present for CG#2, CG#3, and CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. Expired on 9/27/2025 and no new on file.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, and #3.
No annual in-service training hours for CG#1 for 2025 present in record.
CG#2 requires 12 hours of in-service training, but had only 9 hours attended in 2025.
CG#3 requires 12 hours of in-service training, but had only 6 hours attended in 2025.

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

(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)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours NA worked in a day or week.

Compliance Manager — Date: 5/7/2026

Primary Care Giver — Date: 5.7.26

CTA RN Compliance Manager: Po Lim, RN

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

PCG's Name on CCFFH Certificate: Mildred D. Ganotisi, CNA
(PLEASE PRINT)

CCFFH Address: 94-336 Loaa Place 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)(2)	APS/CAN was done 01/22/26 copy is placed in home binder.	01/22/26	Home will use a wall calendar to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent lapses.
8(c)	E-crim was done 01/26/26 copy is placed in home binder.	01/26/26	
16(b)(5)	PCG provided training to CG#4 on confidentiality policies and procedures and client privacy rights to be signed and dated.	05/11/26	PCG will double check and make sure the CG#4 signed and dated all paper works before start working.
41(a)(2)	Caregiver #2 and #3 will not approve to work in 3 beds in CCFFH.PCG will remove CG#2 and #3 one week prior 3 beds application is approved.	08/22/26	All caregiver qualifications and approvals will be verified before upon PCG scheduling to ensure compliance with CCFFH requirements.
41(a)(3)	PCG will removed CG#2 and CG#3 one week prior 3 beds application is approve. CG#4 a job experience form has been completed and placed in home binder.	05/11/26	PCG will check or update home binder regularly to ensure all caregivers job experience form are properly completed and filed.
41(b)(7)	CG#2 TB clearance was done and updated on 05/13/26 and copy is placed in home binder.	05/13/26	Home will do a reminder spreadsheet for all caregivers to prevent lapses on TB clearance.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 5-15-2026

☑ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim, RN

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

PCG's Name on CCFFH Certificate: Mildred D. Ganotisi, CNA
(PLEASE PRINT)

CCFFH Address: 94-336 Loaa Place 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?
41(c)	CG#1, #2, #3 lapses required to complete 12 hours annual training for each calendar year.	05/07/26	PCG will review training records regularly to ensure all required hours are completed and documented before the end of each calendar year.
3P(b)(2)	CCFFH sign out sheets for all substitute caregivers is made and utilize. Sign out sheets for 3 beds is placed in another home binder.	5/11/26	PCG put up the sign in and out sheet in a clip board with a reminder in a red ink to make sure PCG and substitute won't forget to sign in and out for the 3 beds application.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 5.15.2026

☑ CTA has reviewed all corrected items