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: Nadine Ganir, CNA
(PLEASE PRINT)

CCFFH Address: 955 Hanau St. Wahiawa, HI 96786
(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)(8)	Lapse cannot be corrected.	04/15/26	Caregiver required tracker printed and copy in caregiver binder. PCG to revisit every month.
46.(b)(2)	Previous fire drills cannot be corrected.	04/15/26	Annual Fire Drill form created with designation of caregiver to complete fire drill. Calendar is printed and posted on board in the common area. PCG to revisit monthly.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1.	04/15/26	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. PCG will notify CMA immediately if there are discrepancies.
54.(c)(6)	ADL/Skilled checklist has been updated and filed in client's physical binder.	04/15/26	Caregivers will complete documentation as soon as tasks are completed.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 4/15/26

☒ CTA has reviewed all corrected items

Foster Family Home - Deficiency Report

Provider ID: 1-160057

Home Name: Nadine Ganir, CNA **Review ID:** 1-160057-18

955 Hanau Street Reviewer: Ryan Nakamura

Wahiawa HI 96786 Begin Date: 4/15/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/15/2026).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8): Evidence of lapse present in CCFFH records of bloodborne pathogen training for CG#4. Bloodborne pathogen training was due by 5/7/2025 and completed 9/27/2025.

Foster Family Home **Fire Safety** **[11-800-46]**

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of fire drill conducted by CG#2 in the past 12 months.

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

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)(5): No documentation present of daily administration Seroquel 50 mg 1.5 tablets by mouth daily for client #1.

54.(c)(6): No documentation of ADL/skilled nursing checklist from 1/13/2026 to 2/27/2026 and 3/01/2026 to 4/15/2026 for client #3.

Compliance Manager 4/15/26 Date

Primary Care Giver 4/15/26 Date

4/15/2026 11:27:35 AM