

Foster Family Home - Deficiency Report

Provider ID: 1-513095

Home Name: Gina Fagaragan, CNA

Review ID: 1-513095-9

94-473 Kalukalu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/25/2022

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 made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/25/2022. (30 days from the date the CCFFH is given their deficiency report).

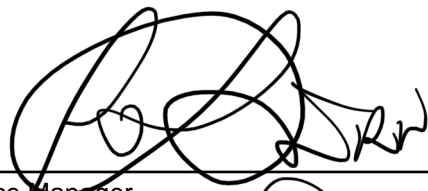
Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

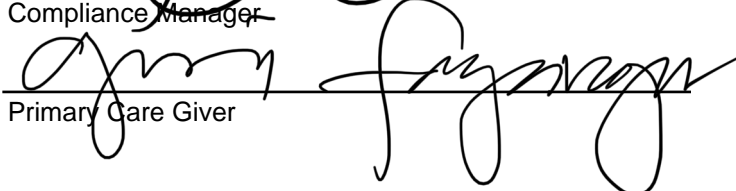
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1 and 8.a.2 CG#3 (HHM#2), and HHM #3 did not meet the 2 sets of APS, CAN, Fingerprints within a 12 month period.



Compliance Manager



Primary Care Giver

10/25/22

Date

10/25/22

Date

10/25/2022 12:16:07 PM