

Foster Family Home - Deficiency Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

Review ID: 1-562068-15

95-528 Wailoa Loop

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 9/26/2024

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection.

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

Comment:

8.(a)(2)- CG#2, CG#4, CG#5, HHM#1, and HHM#2's APS/CAN all lapsed on 9/23/24 and no current results were present.

Maribel Nakamine, RN 9/26/24
Compliance Manager Date
Leticia Dagulo 9/26/24
Primary Care Giver Date