

# Foster Family Home - Deficiency Report

Provider ID: 1-120026

Home Name: Maridel Sagun, CNA

Review ID: 1-120026-20

94-1205 Awalai Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/16/2024

## 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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 09/16/2024)


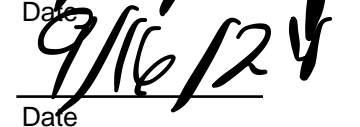
## Foster Family Home Background Checks [11-800-8]

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#3 and HHM #4 APS/CAN lapsed 4/1/2024 and was done on 8/15/2024. HHM#5 APS/CAN lapsed 12/3/2023 and was done 1/22/2024.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: DEBORAH BAUMGRAT

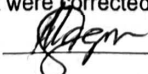
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MARIDEL SAGUN  
(PLEASE PRINT)

CCFFH Address: 94-1205 AWALAI STREET 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)	Lapses CG #2 and CG #3 HHM #4 and HHM #5 APS, CAN can be prevented.	09/16/24	A wall calendar of important events was designed to be reminded of renewal dates to prevent lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 09/16/24

CTA has reviewed all corrected items