

# Foster Family Home - Deficiency Report

**Provider ID:** 1-180065

**Home Name:** Epifania Tagaca, CNA

**Review ID:** 1-180065-15

94-715 Kaaka Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 7/10/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/10/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Information Confidentiality	[11-800-16]
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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#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; 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.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41(a)(3) No job experience form present for CG#3.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3 and #4. CG#3 and #4 requires 12 hours of in-service training, but had only 4 hours each attended in 2024.

41.g. No basic skills check present in record for CG#1, #2, #3, and #4 for Client#1.

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## Foster Family Home

## Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#1, #2, #3, and #4.

## Foster Family Home

## Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan signature page present for Client#2.

Compliance Manager

Primary Care Giver

Date

Date

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: Epifania Tagaca

(PLEASE PRINT)

CCFFH Address: 94-715 Kaaka Street Waipahu, Hawaii 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?
16 (b)(5)	CG#2 has been trained on the confidentiality policies and procesures, and client privacy rights. CG#2 acknowledges by signing on the correct page of the forms.	7/11/2025	PCG will ensure that SCGs will sign documents on the designated signature page by using post it arrows and pointing to the signature line after the training.
41.(a)(3)	Job experience form has been completed by CG#3 and placed on CCFFH binder	7/11/2025	PCG will double check SCGs requirements before placing documents into the CCFFH and ensure that all documents are completed.
41.(c)	Lapse cannot be corrected for CG#2 and CG#4.	7/11/2025	PCG will ensure that the required in-service hours are completed before end of the year by using calendar reminders and sending text or call to remind SCGs for the training.
41.(g)	Skills check has been completed for CG#1, #2, #3 and #4 for Client #1. Documentation has been placed in the Client's binder.	7/12/2025	PCG will ensure all necessary document has been signed and available on file by using post it reminders

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 7/25/2025

☒ 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: Epifania Tagaca

(PLEASE PRINT)

CCFFH Address: 94-715 Kaaka Street Waipahu, Hawaii 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?
43.(c)(3)	RN Delegation has been obtained and signed by CG #1, #2, #3, and #4 for client #1. Document has been placed on the Client's binder.	7/12/2025	PCG will ensure all necessary has been signed and available on the client's binder by using post it reminders
54.(c)(2)	Client #2's service plan has been signed and placed on the client's binder accordingly.	7/14/2025	PCG will ensure the signature page of Client's Service Plan is completed and placed on the client's binder. PCG will ensure that signature page has been signed by using post it arrows and pointing to the signature line

☒ All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_



Date: 7/25/2025

☒ CTA has reviewed all corrected items