

Foster Family Home - Deficiency Report

Provider ID: 1-090110

Home Name: Ronnie Paguyo, CNA

Review ID: 1-090110-18

1348 Gulick Avenue

Reviewer: Deborah Baumgart

Honolulu HI 96819

Begin Date: 7/1/2025

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/1/2025)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)-CG#1 Ecrim lapsed 3/30/2025 with no current results present.



Compliance Manager



Primary Care Giver

7/1/25

Date

7/1/25

Date

CTA RN Compliance Manager:

Deborah Baumgart, LPN

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

PCG's Name on CCFFH Certificate:

(PLEASE PRINT)

CCFFH Address:

(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)(1)	Lapse cannot be corrected.	07/01/25	CG#1 will use a calendar to schedule all background checks. Will schedule by June 30, 2027.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Date: 7/01/2025

☒ CTA has reviewed all corrected items