

# Foster Family Home - Deficiency Report

Provider ID: 1-518714

Home Name: Imelda Fagaragan, CNA

Review ID: 1-518714-19

94-1167 Hina Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 8/4/2025

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 8/4/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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) APS/CAN checks were overdue for CG#5.  
APS/CAN was due on or before 7/14/2025 and was not present in the CCFFH file.

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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

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

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2, #3, and #4. Standard form were not present on file. CG#4 form did not have a provider signature on form.

Compliance Manager

Primary Care Giver

Date

Date