

Foster Family Home - Deficiency Report

Provider ID: 1-180001

Home Name: Charlene Joy B. Bragado,
CNA

Review ID: 1-180001-18

94-1122 Hoomakoa Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/19/2025

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/19/2025)

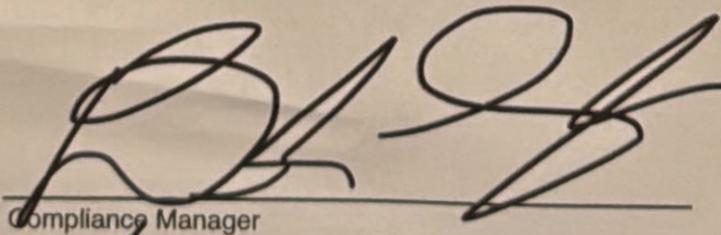
Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

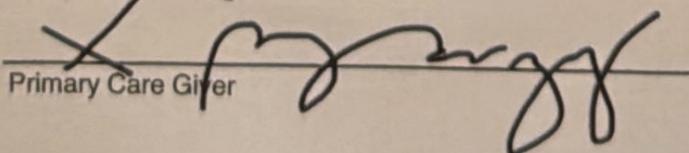
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#1 APS/CAN Fingerprint lapsed on 5/22/2025 APS/CAN was done 6/10/2025., Ecrim done 6/2/2025.



Compliance Manager



Primary Care Giver

12/19/25

Date
12/19/25

Date

CTA RN Compliance Manager: Deborah Baumgart

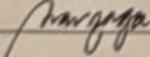
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Charlene Joy B. Bragado
(PLEASE PRINT)

CCFFH Address: 94-1122 Hoomakoa St. 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)(1) 8.(a)(2)	Lapsed can not be corrected. Updated documents filed on CCFFH binders.	6/02/25 6/10/25	CG#1 will use either a wall calendar or a digital reminder (such as a phone calendar event with an alarm) set at least 15 days before document expiration to prevent any lapse.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/19/2025

CTA has reviewed all corrected items