

# Foster Family Home - Deficiency Report

Provider ID: 1-516255

Home Name: Estela Paguirigan, CNA

Review ID: 1-516255-21

99-433 Paihi Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 12/23/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/23/26.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

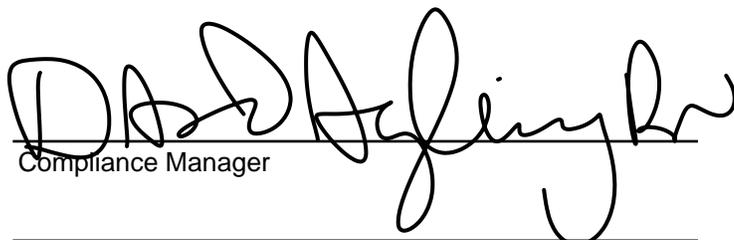
41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

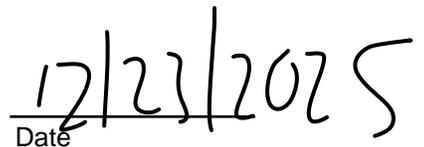
Comment:

41.(a)(2) - No current Prometric verification check for CG #1 and CG #3.

41.(b)(8) - First Aid for CG #4 expired on 1/23/2025. CG #1, CG #2, CG #3, and CG #4 need proof of current Blood Borne Pathogen certification.

41.(c) - CG #4 lacks 4 hours of In-service training for 2025.

  
Compliance Manager

  
Date 12/23/2025

  
Primary Care Giver

  
Date 12-23-25

12/23/2025 11:47:19 AM

CTA RN Compliance Manager: Mr. David Ayling

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

POC's Name on CCFFH Certificate: Estela B. Paguirigan  
(PLEASE PRINT)

CCFFH Address: 99-433 Paihi street, Aiea HI 96701  
(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?
41.(a)(2)	CG#:1 was obtain current Prometric verification & Placed into home binder.	12/23/25	Proof was in Home Binders. In the future I will make sure I comply with all the requirements to [REDACTED]
41.(b)(8)	CG#:4 First Aid expired .was obtained make a copy and place in into home binder.	01/07/25	Reminder placed on front of chart 2 months prior to expiration date.
41.(c)	CG#: 4 was obtained 4 hours of in-service training for 2025. Placed in into home binders.	12/27/25	Proof was in home binder.next time I will make sure i gather all the requirements in advance to avoid citations from [REDACTED]
41.(b)(8)	CG#:1,CG#:2,CG#:3,CG#:4 was obtained the current Blood Borne Pathogen..Placed in into home binders.	12/24/25	In the future,I will use a wall calendar to put notes that all my substitution including me will attend all the in-service training to prevent citations from [REDACTED]

All items that were corrected are attached to this POC

POC's Signature: *Estela B. Paguirigan*

Date: 01/17/2026

CTA has reviewed all corrected items