

Foster Family Home - Deficiency Report

Provider ID: 1-170016

Home Name: Grace Rarangol, CNA

Review ID: 1-170016-17

94-069 Poailani Circle

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/3/2026

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 inspection for a 2 bed CCFFH re-certification.

42.a Client #1 Form 1147 is not present in the file.

Deficiency Report issued during CCFFH inspection via email on 3/3/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - Last fire drill present in record was documented on 12/11/2025. No fire drill documentation present for January 2026 and February 2026.

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 present for Client#1 since admission on 2/20/2026.

No current signature of POA for service plan present for Client#2.

Compliance Manager

Primary Care Giver

Date

Date

3/3/2026

3/3/26