

Foster Family Home - Deficiency Report

Provider ID: 1-180002

Home Name: Kristel Charm Abrogena, CNA **Review ID:** 1-180002-17

94-245 Pupukoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/10/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/10/25).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#5's TB Clearance was not documented on DOH approved form.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d), (d)(1)- Client #1 with use of full bedrails. No MD order was present in client's chart/records.

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Floor damages noted to CCFFH living room and hallway that can potentially cause harm/trip hazards to clients.

49.(c)(3)- Client #1, Client #2, Client #3, and living room windows/screens were very dusty.

3 Person Physical Environment	3 Person Physical Environment	(3P) Env.
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(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3)Env.- CCFFH without a dining table and chairs for clients use.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9)

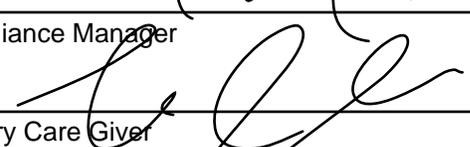
Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 with a surveillance camera inside the bedroom, hallway, and living room. No written consent was present in client's chart/records.



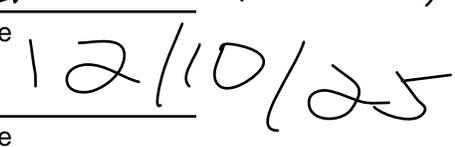
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Maribel Nakamine

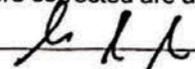
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Kristen Charm Abrogena
(PLEASE PRINT)

CCFFH Address: 94-245 Pupukoa 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?
41.(b)(7)	Violation can not be corrected, CG#5 will have to get a new TB clearance that is approved DOH form. Removed CG #5	12/10/25	CCFFH PCG will give all SCG a copy of the approved DOH form for Tb clearance, also PCG will make a checklist to see if Tb clearance is about to expire so that PCG can remind all SCG to use approved DOH form before doing it.
47.(d)	PCG obtained a MD order for client #1's full bedrails.	12/23/25	CCFFH will have a checklist on everything that is needed on the clients binder specially getting an order from their doctors for things that clients use.
49.(c)(3)	Floor damages are fixed, CCFFH now have new floors for the safety of all the clients.	1/4/26	CCFFH will have a weekly schedule to check all the things around the house that are broken and dirty so PCG can fix it right away.
49.(c)(3)	PCG cleaned and wiped all windows in the clients room and living room making sure there is no dust all over.		CCFFH will have a weekly schedule to check all the things around the house that are broken and dirty so PCG can fix it right away.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/7/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

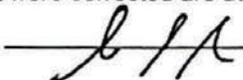
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Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Kristel Charm Abrogena
(PLEASE PRINT)

CCFFH Address: 94-245 Pupukoaie 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?
(3p(c)(3) env	PCG bought dining table for clients.	12/20/25	PCG will have a list of things that are needed in the house so that the clients are comfortable in living here and will always feel at home.
53.(b)(9)	PCG obtained a consent form from client #1 family to have a camera in her room and in the hallways.	12/11/25	PCG will have a checklist on what is needed in clients binder specially when it comes to clients privacy.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/7/26

CTA has reviewed all corrected items