

Foster Family Home - Deficiency Report

Provider ID: 1-160097

Home Name: Lea Daguro, CNA

Review ID: 1-160097-16

2194 Wilson Street

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 11/25/2025

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 12/25/25.

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;

Comment:

8.(a)(1) - No Sex Offender checks present for CG #3 and HHM #1.

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

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

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

Comment:

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

41.(b)(7) - Current TB clearance for CG #3 not present in ccffh binder. Expired on 9/27/2025

Foster Family Home Medication and Nutrition [11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

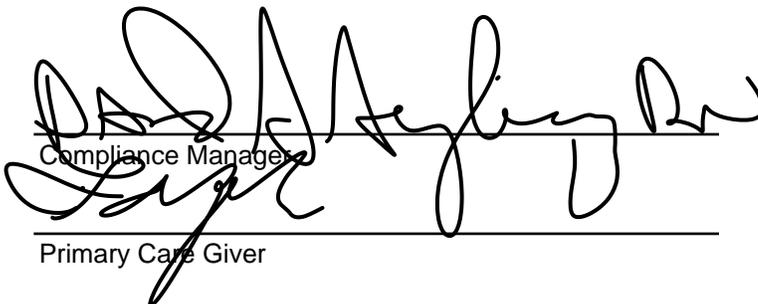
47.(a) - No RN delegations from CMA #3 present for CG #3 to Client #3.

Foster Family Home Quality Assurance [11-800-50]

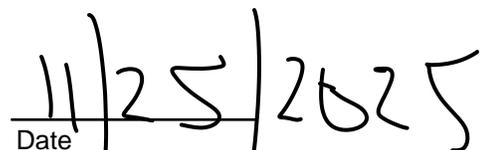
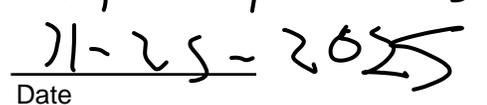
50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - Emergency Preparedness Plan not signed by CG #3.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: David Ayling

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

PCG's Name on CCFFH Certificate: Lea Dagurd
(PLEASE PRINT)

CCFFH Address: 2174 Wilson St., Honolulu, HI 96819
(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)	Sex offender checks for CG#3 and HHM#1 was obtained. It was placed into the home record.	12/24/25	Home conducts/checks criminal history record before caregivers or household is added.
41.(a)(2)	Prometric check for CG#1 and CG3 was done. It was placed into the home record.	12/24/25	Home conducts check from prometric to make sure CGs are registered everytime they obtained a new CNA certificate.
41.(b)(7)	Lapse cannot be corrected	12/10/25	PCG will mark wall calendar and use cellphone reminder 1 month before due dates. TB test will be done 2 weeks at least to prevent future lapse.
47.(a)	RN delegation was done from CMA#3 for CG#3 to client #3.		Home will notify client's CMA that delegation + skills competency is completed before SCG provides care to the clients. Home will have a checklist of caregivers' requirements, RN delegations is included to the checklist.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 12/24/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: David Ayling

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

PCG's Name on CCFFH Certificate: Lea Dagurd
(PLEASE PRINT)

CCFFH Address: 2194 Wilson St., Honolulu HI 96819
(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?
50.(a)	Home's Emergency Preparedness Plan was signed by CG #3.	12/10/25	Home will have a checklist of caregivers requirements. Home Emergency Preparedness plan signature is included.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 12/24/25

CTA has reviewed all corrected items