

Foster Family Home - Deficiency Report

Provider ID: 1-560393

Home Name: Madeline Sagun, RN

Review ID: 1-560393-20

91-323 Hoalauna Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 12/5/2025

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/5/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was overdue for CG#3. State Name Check (eCrim) was due on or before 10/12/2025 and was not present in the CCFFH file.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#4. CG# 1 TB clearance expired, was due on/before 7/11/2024 and was not present in the file. CG#3 TB clearance lapsed, was due on/before 4/10/2025 and was done on 7/26/2025.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. Expired on 11/30/2025.

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Foster Family Home


Records

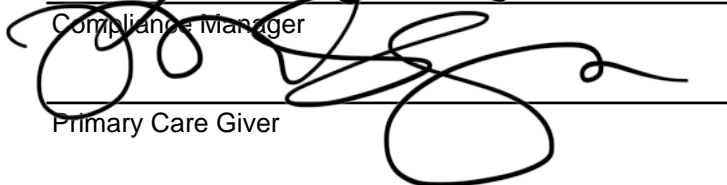
[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


Comment:

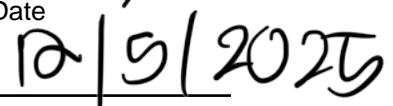
54(c)(2) No current signature of POA for service plan present for Client#2.



Compliance Manager


Primary Care Giver



Date


Date

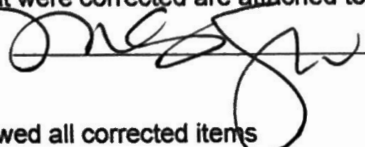
CTA RN Compliance Manager: PO Lim

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

PCG's Name on CCFFH Certificate: Madeline Sagun
(PLEASE PRINT)

CCFFH Address: 91-323 Hoalauna Place Ewa Beach, Hawaii 96706
(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(c)	Ecrim obtained for CG #3. It was placed into home record	12/29/25	Home will set a reminder 1 month before expiration on phone (cell) to obtain to prevent future lapses.
41(b)(7)	<ul style="list-style-type: none"> Obtained clearance for TB for CG #4 and placed in home record. CG #3 TB lapsed cannot be corrected 	12/15/25	Home will set a reminder 1 month before expiration on cell phone to obtain to prevent future lapses.
51(a)(1)	Obtained copy of liability insurance policy and placed in home record	12/10/25	Home will obtain a copy 1 month before expiring to prevent future lapses. Home will set a reminder on cellphone.
54(c)(2)	Obtained signature of POA for service plan for client #2 and placed in client's chart.	12/8/25	Home will notify client's CMA that POA signature is needed for care plans within 2 week care plan was updated.

All items that were corrected are attached to this POC
PCG's Signature: 

Date: 12/29/25

CTA has reviewed all corrected items