

# Foster Family Home - Deficiency Report

Provider ID: 1-120026

Home Name: Maridel Sagun, CNA

Review ID: 1-120026-22

94-1205 Awalai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/10/2025

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

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

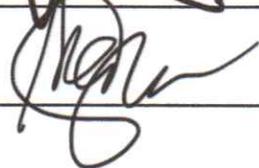
Comment:

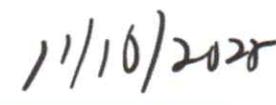
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

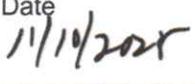
Client#2 have an expired 1147 Form on 3/16/2024.

Deficiency Report issued during CCFFH inspection via email on 11/10/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

  
\_\_\_\_\_  
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: Maridel Sagun  
(PLEASE PRINT)

CCFFH Address: 94-1205 Awalai Street 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?
6.(d)(1)	1147 Client#2 expired RN,CM Visiting RN completed	11/21/25	Visiting RN,CM updated 1147of Client#2 PCG will make sure to review the 1147 form in regular daily basis, so proper action can be done to avoid discrepancy.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/22/25

CTA has reviewed all corrected items

101821 S. Young