

Foster Family Home - Deficiency Report

Provider ID: 1-250021

Home Name: Mayciel Bugtong, CNA

Review ID: 1-250021-3

94-1234 Kahuaina Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/23/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/23/2026).

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): Second set of background checks (APS/CAN/criminal background) was due by 12/10/2025 for CG#1.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

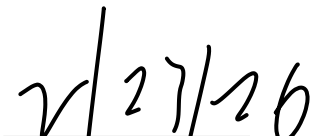
41.(b)(8): First aid/CPR training was due by 8/31/2025 but completed on 11/10/2025 for CG#2.



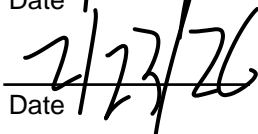
Compliance Manager



Primary Care Giver



Date



Date