

# Foster Family Home - Deficiency Report

Provider ID: 1-250005

Home Name: Winberly Pagdilao, RN

Review ID: 1-250005-3

94-079 Waikele Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/1/2025

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/1/25).

## 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;

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)- HHM#2, HHM#3, HHM#4, HHM#5, and HHM#6 were without any results of APS/CAN/Fingerprint.

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

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

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

Comment:

41.(b)(7)- CG#1 and CG#2's TB clearances expired on 9/27/25. No evidence of current TB clearances in record.

41.(b)(8)- CG#1 and CG#2's blood borne pathogen and infection control training expired on 11/24/25. No evidence of current blood borne pathogen and infection control training in record.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver  
Date 12/1/25  
Date 12/1/25

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: WINBERLY PAGOLAO  
(PLEASE PRINT)

CCFFH Address: 94-079 WAIKELE LOOP WAIKAPU, HAWAII 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?
8(a)(1), 8(a)(2)	Htm #2, Htm #3, Htm #4, Htm #5 & Htm #6 OBTAINED A CURRENT APS/CAN/FINGERPRINT. DOCUMENTS WERE FILED IN THE CCFFH BINDER.	12/15/2025	CG # 1 WILL UTILIZE AN IPHONE CALENDAR FOR DUE DATES REMINDER 2-3 MONTHS PRIOR TO EXPIRATION DATES.
41(b)(7)	2025 TB CLEARANCE WAS OBTAINED FOR CG # 1 & CG # 2. DOCUMENTS WERE FILED IN THE CCFFH BINDER.	12/02/2025	CG # 1 WILL USE IPHONE/WALL CALENDAR AS A REMINDER WHEN REQUIREMENTS ARE DUE FOR RENEWAL. CG # 1 WILL NOTIFY OTHER CAREGIVER 2 MONTHS BEFORE DO- CUMENTS WILL EXPIRE.
41(b)(8)	CG # 1 & CG # 2 OBTAINED TRAINING FOR BLOOD BORNE PATHOGEN & INFECTION CONTROL.	12/02/2025	CG # 1 WILL USE IPHONE/WALL CALENDAR AS REMINDER & TO NOTIFY OTHER CARE- GIVER 2-3 MONTHS BEFORE EXPIRATION DATE TO SECURE & OBTAIN NECESSARY TRAINING CERTIFICATE.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01-01-2026

CTA has reviewed all corrected items