

Foster Family Home - Deficiency Report

Provider ID: 1-250099

Home Name: Wyna Joy Pacariem, NA

Review ID: 1-250099-1

94-125 Pahu Street #58

Reviewer: Laurie Vosler

Waipahu

HI 96797

Begin Date: 12/23/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 1 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 01/06/2026.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for CG# 1.

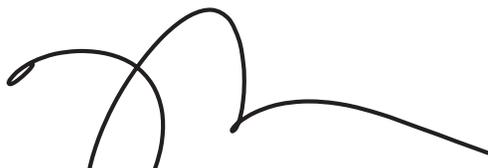
41.(f)(1) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM # 1, 2, & 3.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a)1-3 were reviewed, no clients in home. New Application.



Compliance Manager

LPN

12/23/2025

Date

12/23/2025

Date

CTA LPN Compliance Manager: LAURIE VOSLER, LPN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 41-100

PCG's Name on CCFFH Certificate: WYNA JOYPACARIEME

CCFFH Address: 94-125 PAHU ST #58, 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 prevent each violation from happening again in the future? |
|-------------|---|-------------------------------|--|
| 41.(B)(7) | TB clearance was obtained per state requirement for CG#1 and filed in my home binder. | 12/24/25 | This is a new home application. Will make sure to read, review, and follow all state rules and regulations and will use whatever form is required particularly for TB clearance. |
| 41.(10)(1) | TB clearance was obtained per state requirement for HHM#1, 2, and 3. | 12/24/25 | This is a new home application. Will make sure to read, review, and follow all state rules and regulations and will use whatever form is required particularly for TB clearance. |

All items that were fixed are attached to this CAP

PCG's Signature: _____

Date. 12/29/25

CTA has reviewed all corrected items