

# Foster Family Home - Deficiency Report

Provider ID: 1-170051

Home Name: Angelita Takahashi, CNA

Review ID: 1-170051-15

94-706 Kalae Street

Reviewer: Laurie Vosler

Waipahu HI 96797

Begin Date: 9/26/2025

## 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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 10/30/2025.

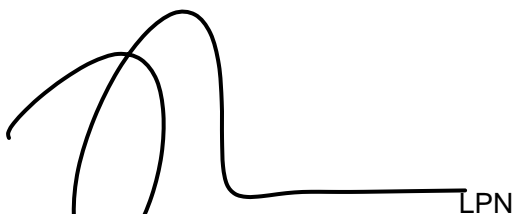
Please note: Deficiencies identified as repeat violations from a previous inspection requires that you identify a new prevention strategy from ones attempted in the past, to ensure compliance moving forward.

## 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# 6. CG# 6 TB clearance lapsed, was due on/before 10/24/25 and was done on 10/24/23.




LPN

Compliance Manager

09/30/2025

Date



Primary Care Giver

09/30/2025

Date