

Foster Family Home - Deficiency Report

Provider ID: 1-200046

Home Name: Carly Abrogena, NA

Review ID: 1-200046-10

91-1068 Koka Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 9/24/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued via email on 9/26/2025 with written plan of correction due to CTA within 30 days.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality training was completed by CG#7.

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

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1): The CCFFH has 3 bedrooms. Two bedrooms are occupied by clients. CTA unable to definitively determine who sleeps in the 3rd bedroom to ascertain whether the PCG actually lives in the CCFFH. There are two adult HHM's listed that reportedly live in the home. PCG first stated he sleeps on the couch and later redacted that statement and stated he sleeps in the 3rd bedroom when he isn't spending the night at his wife's home 1-2 nights a week. Unable to determine where the 2 adult HHMs sleep when PCG is sleeping in the 3rd bedroom. There are belongings in the room that appear to belong to both the PCG and the HHMs. PCG and both HHM's members are also listed as the PCG's wife's HHM at her CCFFH. PCG will need to provide proof of where all 3 adults live full time and at which CCFFH address.

Foster Family Home Quality Assurance [11-800-50]


50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#7.



Compliance Manager



Date

Primary Care Giver

Date

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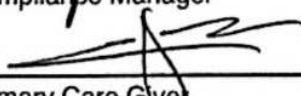
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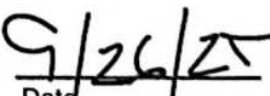
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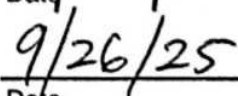
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura

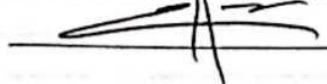
Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Carly Abrogena
(PLEASE PRINT)

CCFFH Address: 91-1068 Koka St. Ewa Beach 96706
(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?
16.(b)(5)	SCG#7 was trained the confidentiality policies and procedures and client privacy rights and signed the form right after.	9/30/25	PCG will have a checklist on the computer or ccffh binder on what to do before adding a new SCG so that SCG is well trained before caring for the patients
41.(a)(1)	PCG resides in the home and will visit wife and kids 1-2 times a week. SCG #1 and SCG #2 lives with my wife but will come to cover me when I am at work or when I am at my wife's house. SCG #1 and SCG #2 have their own room in my wife's home. PCG sleeps in the main room and when I am away from CCFFH , SCG #1 and SCG #2 will sleep in the main room or in the living room.	9/30/25	PCG Will stay at wifes house no more that 24 hours a week. PCG will create a sheet of schedule of when he is out of the ccffh working or if pcg is at wifes house.
50.(a)	PCG explained the emergency procedures to SCG#7 to better care for the clients when emergency happens. SCG#7 signed the form after.	9/30/25	PCG will have a checklist on the computer or ccffh binder on what to do before adding a new SCG so that SCG is well trained before caring for the patients incase of emergency

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 9/26/25

CTA has reviewed all corrected items