

Foster Family Home - Deficiency Report

Provider ID: 1-250070

Home Name: John Sangalang, NA

Review ID: 1-250070-1

94-090 Poailani Circle

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 10/1/2025

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/1/25.

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

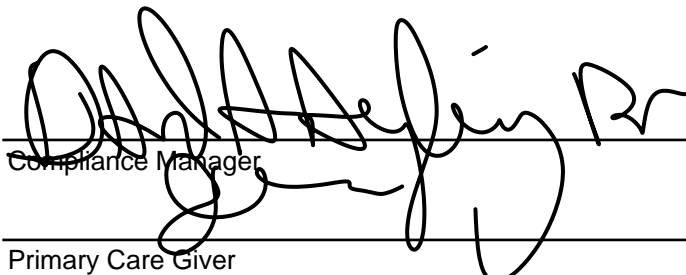
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

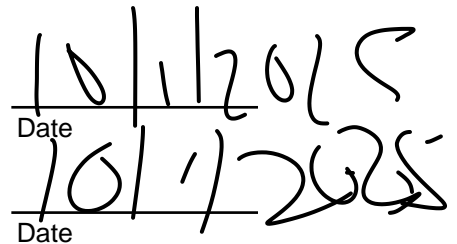
41.(b)(7) - TB clearance done on an unapproved form for CG #1, CG #3, CG #4, and CG #5.

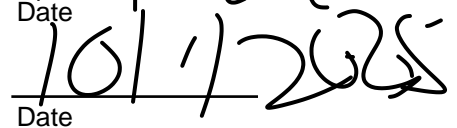
41.(b)(8) - No current Blood Borne Pathogen certificate for CG #1.



Compliance Manager

Primary Care Giver



Date


Date