

Foster Family Home - Deficiency Report

Provider ID: 1-220037

Home Name: Kathleen Pagurayan, NA

Review ID: 1-220037-10

94-1169 Hinaea Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/11/2026

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 inspection for a 2 bed CCFFH re-certification.

42.a. Client#1 has expired Form 1147 on 8/6/2025. No new in file.

Deficiency Report issued during CCFFH inspection via email on 3/11/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#1 and #2. APS/CAN was due on or before 7/5/2025 and was completed on 10/21/2025.

8(c) State Name Check (eCrim) was lapsed for CG#3. State Name Check (eCrim) was due on or before 1/24/2026 and was completed on 2/20/2026.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.g. No basic skills check present in record for CG#4.

Compliance Manager

Primary Care Giver

Date

Date