

Foster Family Home - Deficiency Report

Provider ID: 1-260018

Home Name: Maybellene Duque Degamo,
NA

Review ID: 1-260018-1

94-106 Poloai Way

Reviewer: Nicole Landes

Waipahu HI 96797

Begin Date: 4/7/2026

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of receipt of this report.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(a)(2) - CG#2 did not have evidence that a Prometric registry check was in the CCFFH file.

41.(e) - CG#2 and CG#3 did not have evidence of a SCG approval from the department.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) - Noted small holes in the screen in the two client bedrooms and client bathroom which would permit access to the CCFFH from insects/vermin.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

Only 54(a), 54(a)(1), 54(a)(2), and 54(a)(3) was reviewed. No clients in home. New application.

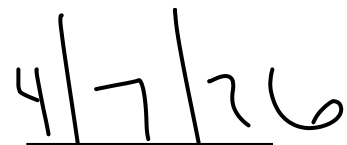
54.(a)(1) - The CCFFH did not have evidence of an evacuation map posted in the publicly accessible area.



Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: TERRI VAN HOUTER

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

PCG's Name on CCFFH Certificate: Maybellene Duque Degamo
(PLEASE PRINT)

CCFFH Address: 94-106 Poloai Way, Waipahu HAWAII 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 you prevent each violation from happening again in the future?
41(a) (2)	Completed verification of prometric registry Status for CG#2	4/10/26	Implemented a personnel file checklist including Prometric verification.
41. (e)	Obtained and submitted SCG documentation for CG# and CG#3	4/9/26 4/16/26	Put a scheduled check routine on my cellular calendar in order not to miss any documents on my binder.
49.(c)(3)	Repaired damaged window Screen in clients bathroom and bathroom.	4/9/26	Established a Monthly Home safety Inspection log.
54(a) (1)	Created a clear and visible Emergency Evacuation Map in Main Hallway. Near entry and exit point.	4/9/26	Added Emergency Preparedness Review to Routine checks.

All items that were corrected are attached to this POC

PCG's Signature: *Mdegamo*

Date: 04/14/2026

CTA has reviewed all corrected items