

Foster Family Home - Deficiency Report

Provider ID: 1-150059

Home Name: Reymalou R. Tagudin, CNA

Review ID: 1-150059-11

91-940 Akaholo Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 4/10/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/10/2026).

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8): Evidence of lapse of first aid/CPR and bloodborne pathogen training for CG#4. First aid/CPR training was due by 5/31/2025 and completed 7/31/2025 for CG#4. Bloodborne pathogen training was due by 4/23/2025 and completed 9/24/2025 for CG#4.


41.(f)(1): No evidence present in CCFFH records of TB clearance for 2 household members. CTA observed the two household member minors with close contact to 2 out of three clients residing at CCFFH. CCFFH listed the minors under exclusion of TB requirements due to no contact with clients.

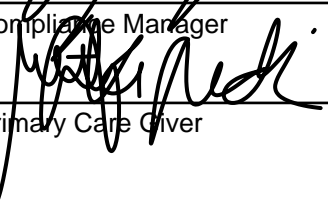
3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

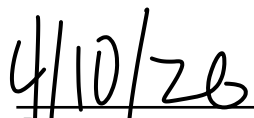
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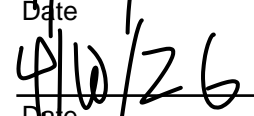
(3P)(c) Fire: 46.(b)(1): CG#1 only person available to evacuate three clients that were present in the CCFFH that are all chairbound. CG#1 unable to identify additional available person for each client to evacuate safely in case of emergency.



Compliance Manager


Primary Care Giver



Date


Date