

# Foster Family Home - Deficiency Report

Provider ID: 1-180054

Home Name: Rhodora Magaoay, CNA

Review ID: 1-180054-19

94-1150 A Limahana Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 3/18/2026

## 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 (inspection date: 3/18/2026).

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: Caregiver sign-in and out had not been updated since 4/20/2025. CG#1 stated that it had not been updated.

## Foster Family Home Records [11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2): Current service plan present in client #1 and client #2's records not signed by client/POA.

54.(c)(6): No documentation of ADL/skilled nursing checklist from 3/1/2026 to 3/18/2026 for client #1 and client #2.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date