

Foster Family Home - Deficiency Report

Provider ID: 1-090107

Home Name: Thelma Tugaoen, CNA

Review ID: 1-090107-21

91-1515 Pihl Street

Reviewer: Laurie Vosler

Ewa Beach

HI 96706

Begin Date: 4/6/2026

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection. (04/06/2026)

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program. The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1. There was no evidence of an 1147 in client record.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1) Sex Offender Registry Check was not present in the CCFFH file for CG# 1, 2, & 3 and HHM# 1 & 2.

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 1. APS/CAN was due on or before 03/05/2026 and was completed on 03/17/2026, showing receipt in binder that APS/CAN was scheduled on 03/09/2026.

8(a)(2) APS/CAN checks were overdue/lapsed for CG# 2. APS/CAN was due on or before 11/16/2025 and was completed on 01/14/2026.

8(a)(2) APS/CAN checks were overdue/lapsed for HHM# 1. APS/CAN was due on or before 11/17/2025 and was completed on 01/14/2026.

8(a)(2) APS/CAN checks were overdue/lapsed for HHM# 2. APS/CAN was due on or before 01/07/2026 and was completed on 01/14/2026.

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

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)(3) It took CTA more than 15 minutes (took approximately 30 minutes) to gain access to the CCFFH. CTA knocked repeatedly, checked around the perimeter of the structure, and called the CG#1's phone numbers multiple times and spoke with PCG to obtain entrance into CCFFH.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 02/14/2026. No fire drill documentation present for November 2025 through March 2025.

46.(b)(2)- CG# 3 did not have evidence of conducting a monthly fire drill within the past 12 months.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- The CCFFH automobile policy did not meet the bodily injury and property damage requirements.

Foster Family Home

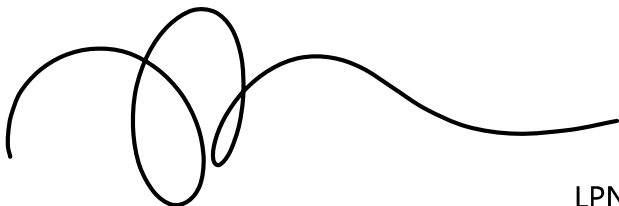
Records

[11-800-54]

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


Comment:

54.(c),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 01/20/2024, only signature page is in binder.



LPN

Compliance Manager



CG#3

Primary Care Giver

04/06/2026

Date

04/06/2026

Date