

Foster Family Home - Deficiency Report

Provider ID: 1-100090

Home Name: Aleli Daligdig, RN

Review ID: 1-100090-19

94-605 Palai Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 4/23/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Currently only has 1 Medicaid client. Deficiency Report issued during home inspection with written plan of correction due to CTA by 5/7/26.

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

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and


41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.


Comment:

41.(a)(2) - Prometric verification check expired on 1/31/2026 for CG #4.


41.(b)(7) - No current TB clearance for CG #4. Expired 6/27/2025.

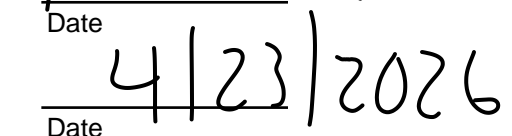
41.(c) - CG #2, CG #3, and CG #4 only had 4 hours of In-service training for 2025. 8 hours is required.



Compliance Manager


Primary Care Giver



Date


Date