

Foster Family Home - Deficiency Report

Provider ID: 1-588931

Home Name: Nancy Daproza, CNA

Review ID: 1-588931-19

1326 Hooli Circle

Reviewer: Po Lim

Pearl City

HI 96782

Begin Date: 4/21/2026

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 inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/21/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.b.4. No disclosure form present for CG#1 and CG#2.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1. CG#1 TB clearance lapsed, was due on/before 5/16/2025 and was done on 3/20/2026.

Foster Family Home Records [11-800-54]

54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.e. A discharged client binder (R.M.) from Quality CMA is currently present at the CCFFH.

Compliance Manager

Primary Care Giver

Date

Date