Foster Family Home - Deficiency Report

Provider ID:	**1-561698**		
Home Name:	**Doreen Pagdilao, CNA**	**Review ID:**	**1-561698-24**
94-1118 Hapapa Street		Reviewer:	Laurie Vosler
Waipahu HI 96797		Begin Date:	6/23/2026

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

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

Comment:

6.(d)(1) - 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.

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;

Comment:

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

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

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

Comment:

41.(a)(2) Prometric checks for CG# 1, 2, & 3 expired.

Foster Family Home **Quality Assurance** **[11-800-50]**

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

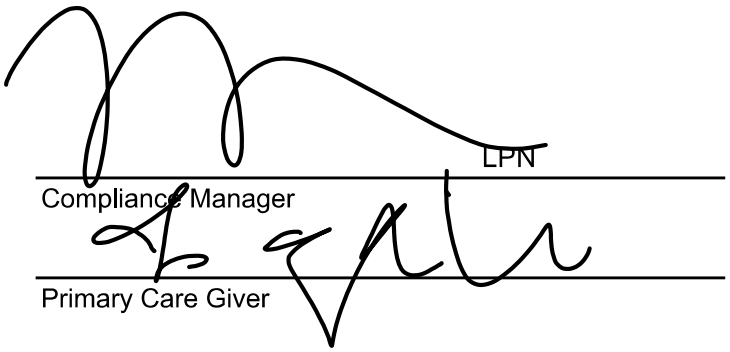
50.(e) - The CCFFH had a gate outside restricting access to the front door that did not have a form of communication (i.e. doorbell) which inhibited the announcement of a visitor's arrival to the facility.

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# 2. Last one in record is dated 10/14/2025 and not signed by all parties.



LPN
Compliance Manager

06/23/2026
Date

Primary Care Giver

06/23/2026
Date