Foster Family Home - Deficiency Report

Provider ID:	**1-180065**		
Home Name:	**Epifania Tagaca, CNA**	**Review ID:**	**1-180065-16**
94-715 Kaaka Street		Reviewer:	Ryan Nakamura
Waipahu HI 96797		Begin Date:	6/4/2026

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: 6/04/2026).

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): Criminal background check was due by 8/17/2025 and completed 5/08/2026 for HHM#1 and due by 8/24/2025 and completed 5/08/2026 for HHM#3.

8.(a)(2): APS/CAN clearance was due by 9/06/2025 and completed 5/5/2026 for HHM#1 and due by 8/24/2025 and completed 5/5/2026 for HHM#3.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8): First aid/CPR training present in CCFFH records expired on 1/31/2026 for CG#3.

Foster Family Home **Client Care and Services** **[11-800-43]**

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No RN delegation present in client #2's records for blood glucose monitoring for all caregivers.

No evidence present in client #3's records of RN delegations were delegated to CG#3 of any tasks.

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Foster Family Home	Fire Safety	[11-800-46]

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

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#2, CG#3, and CG#4 conducted a fire drill in the past 12 months.

Foster Family Home	Records	[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): No supply of 1 routine medication for client #2.

Compliance Manager — Date 6/4/26

Primary Care Giver — Date 6/4/26