Foster Family Home - Deficiency Report

Provider ID:	**1-250056**		
Home Name:	**Ruth Dagdagan, CNA**	**Review ID:**	**1-250056-2**
1046-B Morris Lane		Reviewer:	David Ayling
Honolulu HI 96817		Begin Date:	5/14/2026

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. Deficiency Report issued during home inspection with written plan of correction due to CTA by 5/29/26.

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 checks filled out incorrectly for CG #1 and CG #3 (delete street address and city).

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

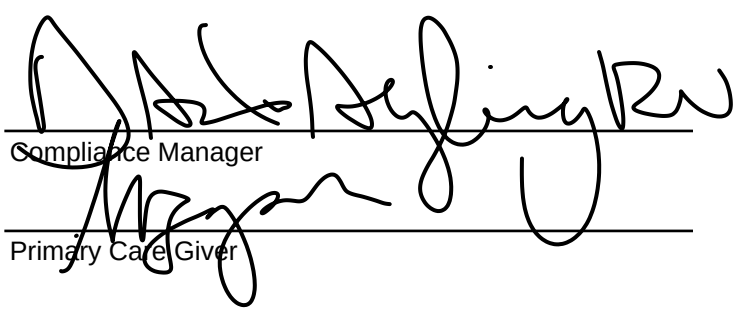
41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(2) - No Prometric Verification checks present for CG #1 and CG #3.

41.(b)(8) - CPR/First Aid not done at an approved school for CG #4 and CG #5.



Compliance Manager

Date 5/14/2026

Primary Care Giver

Date 5/14/2026

5/14/2026 1:38:50 PM