

Foster Family Home - Deficiency Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

Review ID: 1-618788-8

3404 Likini Street

Reviewer: David Ayling

Honolulu

HI

96818

Begin Date: 12/2/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 1/2/22.

Foster Family Home	Background Checks	[11-800-8]
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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:


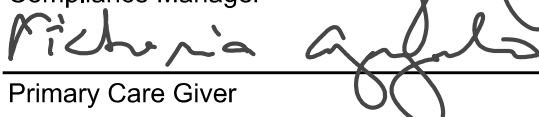
8.(a)(1) - eCrim expired on 3/2/2021 for HHM #2. Renewed on 4/20/2021.

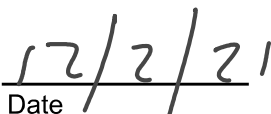
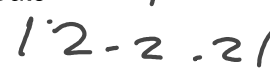
8.(a)(2) - APS/CAN expired on 8/6/2021 for CG #1. Renewed on 9/27/2021

APS/CAN expired on 4/5/2020 for CG #3. Renewed on 10/13/2020.

APS/CAN expired on 2/4/2021 for CG #5. Renewed on 4/28/2021.

APS/CAN expired on 4/5/2020 for HHM #2. Renewed on 5/13/2020.


Compliance Manager

Primary Care Giver


Date

Date