

# Foster Family Home - Deficiency Report

Provider ID: 1-110006

Home Name: Janet Agbunag, CNA

Review ID: 1-110006-12

1464 Molehu Drive

Reviewer: Adrienne Kolo

Honolulu HI 96818

Begin Date: 2/17/2022

## 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 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 3/2/22.

## 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

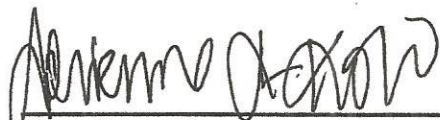
Comment:

8.(a)(1) and (2) APS/CAN for: CG #1 Expired 10/16/2021  
Renewed 12/03/2021

ECRIM:

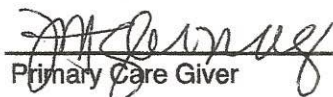
CG #1 Expired 01/06/2020  
Renewed 01/31/2022

CG #3 Expired 01/06/2022  
Renewed 01/31/2022



Compliance Manager

02/17/2022  
Date



Primary Care Giver

Feb. 17, 2022  
Date