

# Foster Family Home - Deficiency Report

Provider ID: 1-150079

Home Name: Zeny Agonoy, CNA

Review ID: 1-150079-13

94-447 Kahualena Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 10/31/2022

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. Unannounced inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/30/2022. (30 days from the date the CCFFH is given their deficiency report).

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. And 8.a.2. CG#3 did not meet the 2 sets os APS, CAN, Fingerprints within the 12 months period.

Compliance Manager

Primary Care Giver

Date

Date