

# Foster Family Home - Deficiency Report

Provider ID: 1-160014

Home Name: Krystle Agaton, LPN

Review ID: 1-160014-13

94-233 Pupukui Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 1/27/2023

## 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 visit made for a 3-bed annual inspection. Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA within 30 days.

## 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)(2) HHM #2 , HHM#3 APS/CAN fingerprints expired on 07/10/2022 and 10/07/2022 with no current results present.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date