

# Foster Family Home - Deficiency Report

Provider ID: 1-170081

Home Name: Angelina Cabusas, RN

Review ID: 1-170081-12

1021-A 6th Avenue

Reviewer: Deborah Baumgart

Honolulu

HI 96816

Begin Date: 9/15/2023

## 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 Plan of Inspection due to CTA within 30 days of inspection (issued on 9/15/2023)

## 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#6 APS/CAN/Fingerprints result lapsed on 8/16/2023 with no current result present.

Compliance Manager

Primary Care Giver

Date

Date