

# Foster Family Home - Deficiency Report

Provider ID: 1-180035

Home Name: Mary Rose Agbayani, CNA

Review ID: 1-180035-11

1135 Haloa Drive

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 4/23/2024

## 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.


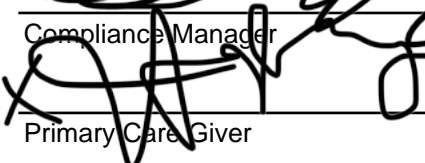
Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 4/23/2024)


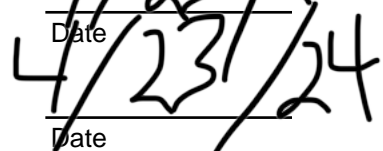
## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 10/14/2023 and was not done until 2/8/2024. CG#2 TB clearance lapsed on 5/19/2023 and was not done until 8/4/2023. CG#4 TB clearance lapsed on 5/24/2023 and was not done until 2/21/2024.

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

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