

Foster Family Home - Deficiency Report

Provider ID: 1-512162

Home Name: Erlinda Agcaoili, CNA

Review ID: 1-512162-16

91-862 Makule Road, B-1

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/17/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/17/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

8.(a)(3) Provide consent for the department to obtain other criminal history record information for verification and information regarding adult protective service perpetrator status;

Comment:

8(a)(2) APS/CAN checks were overdue for CG#3. APS/CAN was due on or before 7/21/2023 and is not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue for CG#3. State Name Check (eCrim) was due on or before 7/21/2023 and is not present in the CCFFH file.

Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

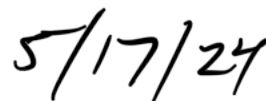
Comment:

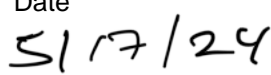
52.(b) - No fiscal records present for 2024.



Compliance Manager


Primary Care Giver



Date


Date