

Foster Family Home - Deficiency Report

Provider ID: 1-210066

Home Name: Renelyn Diane Agonoy, CNA

Review ID: 1-210066-9

91-856 Ma Ke Kula Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 5/29/2024

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.

CCFFH is applying for an increase from 2 beds to 3 beds CCFFH.

Deficiency Report issued during CCFFH inspection via email on 5/29/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41.a.2. CG#2, CG#3, CG#4, CG#5 and CG#6 is not approved to work in a 3 beds CCFFH.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#2 and CG#3 are not included on the policy.

Compliance Manager

Primary Care Giver

Date

Date