

# Foster Family Home - Deficiency Report

Provider ID: 1-220088

Home Name: Angel Leah Agbisit, RN

Review ID: 1-220088-7

1454 Middle Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 7/29/2024

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA 30 days of inspection (inspection Date: 7/29/2024).

CCFFH Requesting to increase to 3 Bed CCFFH.


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

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e): CCFFH requests to increase to 3 bed. CG#2 not approved as substitute care giver for 3 bed CCFFH.

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

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