

Foster Family Home - Deficiency Report

Provider ID: 2-120075

Home Name: Edeus Agbalog, CNA

Review ID: 2-120075-19

27-214 Moirton Camp Road B

Reviewer: Deborah Baumgart

Papaikou HI 96781

Begin Date: 8/27/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 correction due to CTA within 30 days of inspection (issued on 8/27/2025)

Foster Family Home	Background Checks	[11-800-8]
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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)-CG#1 APS/CAN lapsed 9/22/2024 and was done on 9/24/2024. CG#1 Ecrim lapsed 09/13/2024/ and was done 9/19/2024 .CG#2, CG#5 and HHM#1 APS/CAN lapsed 9/21/2024 and was done 9/24/2024.CG#2, CG#5 and HHM#1 Ecrim lapsed 9/13/2024 and was done 9/19/2024.



Home Manager

Primary Care Giver



Date
8/27/25

CTA RN Compliance Manager:

Deborah Baumgart Lpn

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Edens Agbalog, CNA

(PLEASE PRINT)

CCFFH Address:

27-214 Moirton Camp Rd. B Papaihou, HI 96781

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(1) (2)	Lapse cannot be corrected	8/26 8/27/25	Caregiver #1 will use calendar or post-it to keep track all expirations dates for all SCG and household members. Will schedule 2 to 3 weeks in advance.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Eden Agbalog

Date:

8/27/2025

☒ CTA has reviewed all corrected items