

Foster Family Home - Deficiency Report

Provider ID: 1-250062

Home Name: Vilma Agustin, CNA

Review ID: 1-250062-1

1822 H. Beckley Street

Reviewer: David Ayling

Honolulu

HI

96819

Begin Date: 9/4/2025

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) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/4/25. All requirements were met at the time of inspection.


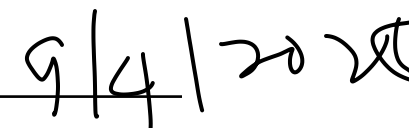
Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(5) - CG #1 does not have correct amount of auto coverage for Bodily Injury (\$100,000) and Property Damage (30,000).


Compliance Manager

Primary Care Giver


Date

Date