

# Foster Family Home - Deficiency Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN

Review ID: 1-510166-18

94-125 Pahu Street #9

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/6/2026

## 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 inspection made for a 2 bed CCFFH re-certification.

42.a CCFFH Form 1147 is expired on 9/9/2025 and no new in the file.

Deficiency Report issued during CCFFH inspection via email on 2/6/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.b.4 Disclosure form present is not up to date for CG#1.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date