

Foster Family Home - Deficiency Report

Provider ID: 1-250037

Home Name: Raymond Sangalang, CNA

Review ID: 1-250037-3

962 Spencer Street Apt C

Reviewer: David Ayling

Honolulu

HI 96822

Begin Date: 2/11/2026

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 Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 2/25/26.

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

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

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.

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.


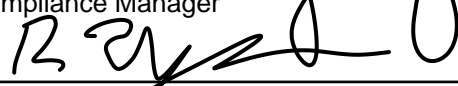
Comment:



41.(a)(2) - RN license expired on 6/30/2025 for CG #3.

CG #1, CG #2, and CG #5 need current Prometric Verification checks.

41.(b)(5) - CG #1 needs proof of current auto insurance showing the correct amount of coverage for Bodily Injury and Property Damage.

41.(b)(8) - CG #6 needs proof of a current CPR/First Aid certificate. Expired on 8/3/2025. CG #1, CG #3, and CG #4 need proof as current Blood Borne Pathogen certification. Expired on 2/1/2026.


Compliance Manager

Primary Care giver


Date

Date