

Foster Family Home - Deficiency Report

Provider ID: 1-090063

Home Name: Sally Aguinaldo, CNA

Review ID: 1-090063-19

91-1670 Auwaha Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 1/16/2026

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 10 business days of inspection (issued on 01/16/2026)

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-CG#2 APS/CAN expired 12/8/2025 with no current results present.



Compliance Manager


Primary Care Giver

01/16/26
Date

01/16/26
Date