

Foster Family Home - Deficiency Report

Provider ID: 1-170081

Home Name: Angelina Cabusas, RN

Review ID: 1-170081-16

1021-A 6th Avenue

Reviewer: Maribel Nakamine

Honolulu

HI 96816

Begin Date: 10/30/2025

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/30/25).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#2, HHM#1, HHM#4's Ecrim lapsed on 1/3/25 and was not renewed until 4/12/25.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- CG#1(PCG) was not present in the CCFFH during inspection/survey and CG#2 (SCG- NA) was the substitute caregiver. No entry in the CCFFH's Sign In/Out Form.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- CCFFH without an Emergency/Evacuation Map.

Maribel Nakamine RN 10/30/25

Compliance Manager

Date

Primary Care Giver

Date