

# Foster Family Home - Deficiency Report

Provider ID: 1-513235

Home Name: Hedidia Agbulos, CNA

Review ID: 1-513235-21

99-322 Ahe Ahe Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 10/10/2025

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/10/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) Sex Offender check are not present for all the CG# 1, CG#2, and CG#3.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2 and CG#3.

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

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

Comment:

41(a)(2) CG#3 RN License was expired on 6/30/2025 and no new in file.

CNA Prometric registry check are not present for CG#1.

## Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2025.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date