

# Foster Family Home - Deficiency Report

Provider ID: 1-200006

Home Name: Mishel Suguitan, CNA

Review ID: 1-200006-14

94-246 Kahuahele Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/7/2025

## 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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/07/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:


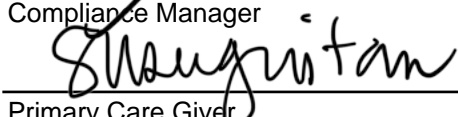
8(c) State Name Check (eCrim) was lapsed for HHM#1. State Name Check (eCrim) was due on or before 6/20/2025 and was completed on 7/9/2025.

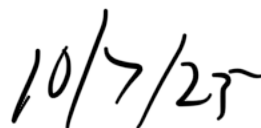
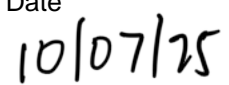
## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1. CG#1 TB clearance was not reported on the standardized form.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date