

# Foster Family Home - Deficiency Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

Review ID: 4-619299-22

181 West Lanai Street

Reviewer: David Ayling

Kahului HI 96732

Begin Date: 4/30/2026

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Currently only has one client. Deficiency Report issued during home inspection with written plan of correction due to CTA by 5/14/26.

## 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 Checks not filled out correctly (includes street address and city) for CG #1, CG #2, and CG #3.

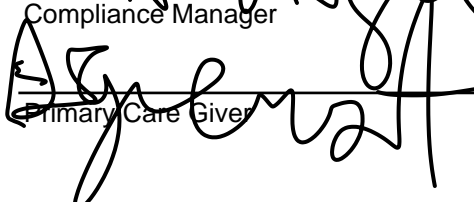
## Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3) - CCFFH has clutter on kitchen table (food staples in boxes), in front of common area couch (end tables, tv stand, and notebooks) and on one side of the hallway (large flat screen TV) leading to the bathroom.

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

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

4/30/2026  
Date

4-30-2026  
Date