

# Foster Family Home - Deficiency Report

Provider ID: 1-240009

Home Name: Lailene Evelyn Agbisit, CNA

Review ID: 1-240009-3

94-1072 Lumiaina Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/8/2024

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/08/2024).

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): No evidence of second set of criminal/APS/CAN background checks completed for HHM#5. 2nd set was due by 9/20/2024.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8): No evidence provided by CCFFH of bloodborne pathogen/infection control training completed in the past 12 months for CG#4. Training was due by 7/19/2024.

41.(f)(1): No TB clearance was provided by CCFFH of 2 HHM minors.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence provided by CCFFH of fire drill conducted in 9/2024.

## Foster Family Home Records [11-800-54]

54.(c)(8) Personal inventory.

Comment:

54.(c)(8): No documentation provided by CCFFH of inventory of personal belongings for client #1.

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

10/8/24  
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Date  
10/8/24  
\_\_\_\_\_  
Date