

Foster Family Home - Deficiency Report

Provider ID: 1-512162

Home Name: Erlinda Agcaoili, CNA

Review ID: 1-512162-18

91-862 Makule Road, B-1

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/23/2025

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 6/23/2025 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 CG#1, 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) CNA Prometric registry check are not present for CG#1, #2, and #3.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#3.

Foster Family Home Records [11-800-54]

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54(c)(6) Client #1 did not have evidence of RN monthly visit notes for April 2025 and May 2025.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Po Lim RN

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Erlinda Agcaoili CNA

(PLEASE PRINT)

CCFFH Address: 91-862 B1 Makule Road, Ewa Beach, HI 96706

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
6(d)(1)	Plan of Correction submitted	7/20/25 7/31/25	Comply with all requirements at time of CCFFH inspection. [REDACTED]
8(a)(1)	Sex Offender Check obtained for CGs #1-2-3, and placed in CCFFH home binder	7/20/25	PCG will check email notifications and website of newly available [REDACTED] Newsletters on new requirements, and comply. Home will use a wall calender to put all due dates on. Background checks will be done at least 2 weeks before due date to [REDACTED] ent lapses.
41(a)(2)	CNA Prometric registry check obtained for CGs #1-2-3, and place in CCFFH home binder	7/20/25	PCG will check email notifications and website of newly available [REDACTED] Newsletters on new requirements, and comply. Home will use a wall calender to put all due dates on. Background checks will be done at least 2 weeks before due date to prevent lapses.
43(c)(3)	RN Delegation for Client #1 for CG#3 obtained from RN-CM and placed in client's binder	7/8/25	PCG will notify CM-RN of new admission and obtain delegation for PCG and all SCGs promptly within 7 days of new admission.
54(c)(6)	RN monthly visit notes for April and May 2025 for Client #1 obtained from RN-CM, and placed in Client's binder	7/8/25	In event RN-CM did not leave a copy of monthly visit notes at time of visit, PCG will follow-up immediately that same day of visit. PCG will obtain RN monthly visit notes within 7 days and place in Client's binder updated, complete, and readily available at any given time for unannounced visits and recertification inspection.

☒ All items that were corrected are attached to this POC

PCG's Signature: Erlinda Agcaoili

Date: 7/30/25

☒ CTA has reviewed all corrected items