

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