

Foster Family Home - Deficiency Report

Provider ID: 1-230064

Home Name: Kathrina Jones
Agngarayngay, CNA

94-132 Poohuku Way

Waipahu HI 96797

Review ID: 1-230064-6

Reviewer: Maribel Nakamine

Begin Date: 6/24/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 6/24/25).

PCG requests to increase from a 2-client to a 3-client CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No Job Experience form completed/present for CG#5.

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 and CG#8 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #1 with a video surveillance camera inside bedroom and no consent was present.

Foster Family Home Records [11-800-54]

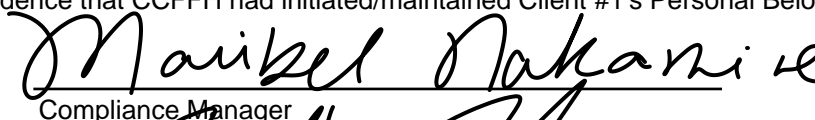
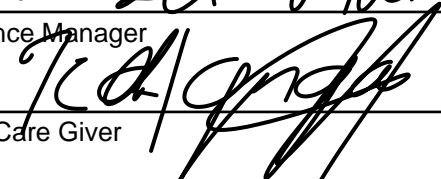
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

54.(c)(8) Personal inventory.

Comment:

54.(c)(6)- No signatures after each dated entries for Client #2's progress notes.

54.(c)(8)- No evidence that CCFFH had initiated/maintained Client #1's Personal Belongings Inventory List.


Compliance Manager

Primary Care Giver

Date 6/24/25
Date 6/24/25