

Foster Family Home - Deficiency Report

Provider ID: 1-110083

Home Name: Agnes Goya, CNA

Review ID: 1-110083-22

91-1041 Hanakahi Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 1/22/2026

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

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

Comment:

6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 02/02/2026.

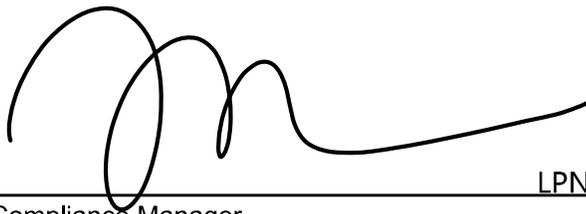
Foster Family Home Records [11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 12/10/2024.



LPN

Compliance Manager



Primary Care Giver

01/22/2026

Date

01/22/2026

Date