

Foster Family Home - Deficiency Report

Provider ID: 2-559487

Home Name: Gracia Agcaoili, CNA

Review ID: 2-559487-19

168 Kohola Street

Reviewer: Maribel Nakamine

Hilo HI 96720

Begin Date: 2/23/2026

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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days (issued on 2/23/26).

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)- HHM#2 without a Fingerprinting result.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(3)- No Job Experience Form completed by CG#1.

41.(b)(4)- CG#1's Primary Caregiver Disclosure form was not updated to reflect current household members.

41.(b)(7)- HHM#2's TB clearance dated 12/31/25 was not documented on a DOH approved form.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(4)- CCFFH's kitchen with 1 step down and a lock/latch/restricted sign on the door. Clients' were without access to the kitchen/refrigerator/beverage, etc.

49.(c)(3)- Clients' bedroom windows/screens were very dusty.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- CCFFH's automobile policy expired on 10/7/25. No current document was present.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(5) Medication schedule checklist;

Comment:

54.(a)(1)- CCFFH's emergency/evacuation did not reflect the current home structure.

54.(c)(5)- there were 2 medications that were not available during Client #1's medication reconciliation- Acetaminophen and Miralax and Medication Administration Record was last signed on 2/19/26. Client #2 and Client #3's Medication Administration Records(MARs)were signed ahead of administration date- from 2/24-2/28/26.

Michael Natamure RN 2/23/26
Compliance Manager Date
Sharon Segre 2/23/26
Primary Care Giver Date