

# Foster Family Home - Deficiency Report

Provider ID: 1-220092

Home Name: Jaysel Danver Agonoy, NA

Review ID: 1-220092-7

94-560 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 10/6/2025

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/6/25).

6.d.1- Client #1's 1147 lapsed on 5/23/25 and no current document was present in the client's chart/records. Client #2 without an 1147 present in chart/records.

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)- CG#4 without a sex offender search result present.

8.(a)(1), (2)- CG#4's APS/CAN/Fingerprint or Ecrim lapsed on 2/12/25 and no current results were present. HHM#1's APS/CAN lapsed on 9/20/25 and HHM#2's APS/CAN lapsed on 9/11/25. Both were without current results present.

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

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.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)- CG#4 without any result of TB clearance.

41.(b)(4)- CG#1's Primary Caregiver Disclosure form did not reflect current numbers of household members.

41.(f), (f)(1)- HHM#1's TB clearance lapsed on 10/27/23; HHM#2's lapsed on 10/20/23, and 2 minor children were without the current TB clearances results nor a completed TB clearance exemption form.

## Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b)- No current fiscal records; last on file was dated 8/18/24.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

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

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)(5) - Client #1 and Client #2's Medication Administration Records (MARs) was last signed on 10/4/25.

54.(c)(6) - Client #1's ADL/Client Care Flowsheet was last completed/signed on 10/4/25.

Mairebel Akpanwe RP 10/6/25  
Compliance Manager Date

Josephine U. Calhoun 10/6/25  
Primary Care Giver Date

SCG

CTA RN Compliance Manager: Susan Young MARIBEL NAKAMINE, RN

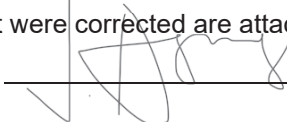
**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Jaysel Danver Agonoy  
(PLEASE PRINT)

CCFFH Address: 94-560 Koaleo Street, Waipahu Hi.96797  
(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	Obtained a copy of Client#1 and 2 1147. I placed it in their binder.	10/15/2025	PCG will put tab to ensure that PCG will not missed any important documents.
8.(a)(1)	Can't fixed. CG#4 already been removed as a scg.	10/15/2025	PCG will make sure to use calendar and write all due dates documents at least one month ahead.
8.a(2)	CG#4 can't fix it's already been removed as a scg. HHM#1 and HHM#2. Obtained a copy of APS/CAN documents filed in PCG's binder.	10/15/2025	PCG will use a spreadsheet on a home binder to prevent them from expiring.
41.(b)(7)			
41.(b)(4)	CG#4 can't be fix the TB clearance. It's already been removed as a scg.	10/15/2025	PCG will make sure next time to put a reminder paper on the phone calendar to avoid expiring.
41.(f),(f1)	PCG already updated the Disclosure form and filed in PCG's binder.	10/15/2025	PCG will use a notecards as a reminder that all HHM and SCG need to update forms.
52(b)	PCG already signed the exemptions form and placed it to PCG binder.	10/15/2025	PCG will put a notecard in front of the binder as a reminder to fill up the form.
54(c)(5)	PCG obtained a copy of fiscal records and funds and filed it on the PCG's binder.	11/01/2025	PCG will sure to check and update the financial records before expiring will use notecard and put in front of the PCG's binder to avoid expiring.
54(c)(6)	Client #1 and 2 MAR is completed with PCG's signed and date 10/05-10/31/2025 and placed it to clients binder.	10/31/2025	PCG will sign off on MAR as she is giving medication, so that no negligence is shown when giving clients routine medication.
	PCG completed Client # 1 ADL's for 10/05-10/31/2025.	10/31/202	PCG will double check clients daily flow sheet chart everyday if all care was provided along with PCG's signature.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 11/02/2025

CTA has reviewed all corrected items