

Foster Family Home - Deficiency Report

Provider ID: 1-160004

Home Name: Leonida Agasid, CNA

Review ID: 1-160004-18

94-1306 Huakai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/10/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 2/10/2026).

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2): APS/CAN clearance was due by 10/13/2025 and completed on 1/14/2026 for CG#1.

APS/CAN clearance was due by 9/11/2026 and completed on 1/06/2026 for CG#2.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of confidentiality policy training completed for CG#3.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No list of side effects of current medications present in client records for client #1, #2, and #3.

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

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No signed written consent/acknowledgment of use of camera/monitor in shared bedroom present in client records for client #2 and #3.

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3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No documentation present in client #3's records of agreement of living in a shared bedroom with another client.

Foster Family Home


Quality Assurance

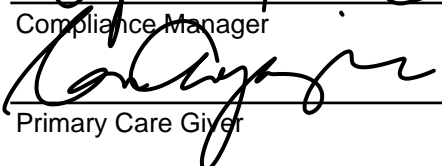
[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

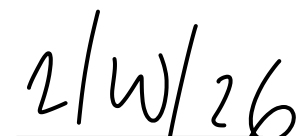
Comment:

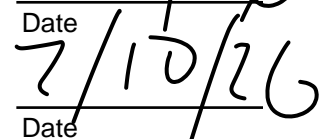
50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#3.



Compliance Manager


Primary Care Giver



Date


Date