

Foster Family Home - Deficiency Report

Provider ID: 1-576241

Home Name: Luz Agustin, CNA

Review ID: 1-576241-19

87-290 Mikana Street

Reviewer: Po Lim

Waianae HI 96792

Begin Date: 12/19/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/19/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#2, CG#3, and HHM#2.
CG#2 APS/CAN was due on or before 2/24/25 and was completed on 7/21/25.
CG#3 APS/CAN was due on or before 5/22/25 and was completed on 8/8/25.
HHM#2 APS/CAN was due on or before 5/12/25 and was completed on 7/16/25.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 2/5/25 and was completed on 4/3/25.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 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.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#1, #2, and #4.

41(a)(3) No job experience form present for CG#3.

41.b.4 No disclosure form present for CG#4.

41.e. CG#2 and CG#3 SCG approval forms are not present in the file.

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

3P.b.1. Last fire drill present in record was documented on 8/2025. No fire drill documentation present from September 2025 through November 2025.

Compliance Manager

Primary Care Giver

12/19/25

Date

12/19/25

Date

