

Foster Family Home - Deficiency Report

Provider ID: 1-250034

Home Name: Mary Ann Agrida, CNA

Review ID: 1-250034-3

94-1183 Kahuaina Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/21/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 1/21/2026).

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #2.

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

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1): No non-slip surface/mat present in client's bathroom.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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

Comment:

54.(b): No signature/initial noted after each progress note entry present in client #1's records.

54.(c)(2): Only signature page present of current service plan for client #1's service plan. CTA unable to determine services provided match services addressed in the service plan.



Compliance Manager


Primary Care Giver

1/21/26

Date
1/21/26

Date