

Foster Family Home - Deficiency Report

Provider ID: 1-594350

Home Name: Raquel Agpaoa, CNA

Review ID: 1-594350-22

94-1006 Halehau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/25/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/25/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

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)(2) CNA Prometric registry check are not present for CG#1.

41.b.4 Disclosure form was not up to date for CG#1. No disclosure form present for CG#2 and CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3 and CG#5.

CG#3 TB clearance was not recorded on the State standardized form. Signature was not valid from a practitioner (MD, DO, ARNP, PA).

CG# 5 TB clearance expired, was due on/before 7/8/2025.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #2 for CG#5.

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Foster Family Home

Records

[11-800-54]

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

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)(2) No current service plan present for Client#1. Last one in record is dated 12/5/2024.

54(c)(5) MAR was not documented daily. Sheet not completed for November 24, 2025 for Client#1 and Client#2.

54(c)(6). ADL flowsheet was not documented daily for Client #1. Sheet not completed from 11/11/25 to 11/24/25.


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Raquel Agpaga

CCFFH Address: 94-1006 Halehau St. Waipahu, HI 96797

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)	With the compliance of applicable requirements in this chapter, I acknowledge all.	11/25/2025	No prevention strategy needs to be included.
41. (a)(2)	No action needs to be taken.	11/26/2025	CTA RN Compliance Manager, [REDACTED] mistakenly missed the form inside the binder. Certification is up to date and expires on 04/30/2027.
41. (b)(4)	CG#1 disclosure form will be updated for the year of 2025.	11/26/2025	Will inspect for any soon to expire documents on prior to expiration date; to maintain updated forms.
	Will annotate missing disclosure forms for CG#2 and CG#4 and will be posted in the chart.	11/26/2025	Newly CG#2 and CG#4 disclosure forms will be posted on files.
41. (b)(7)	Will have current TB clearance for CG#3 and CG#5. CG#3 TB clearance will be recorded on the State standardized form; with a valid signature from a practitioner. CG#5 TB clearance will be renewed.	12/01/2025	Will annotate my iPhone calendar and set an appointment reminder for any documents will be ending soon; to maintain updated forms.
		12/08/2025	
43. (c)(3)	Will notify RN Case Manager to get Delegation of client care and services documented in charts for client #2 for CG#5.	11/28/2025	Will confirm with the RN Delegation Documentation and will notify the RN for missing or needs to update delegation of client care and services documents.
54. (c)(2)	Will notify RN Case Manager regarding the service plan for Client #1.	11/26/2025	Will inspect for any soon to expire documents on prior to expiration date; to maintain updated forms.
54. (c)(5) (c)(6)	Clients #1 & #2, has been receiving all medications, monitoring vital signs, and conducting all ADL.	11/26/2025	Will make a spreadsheet or log book for all clients medications being taken, vital signs and ADLs. To confirm all records are up to date.

All items that were corrected are attached to this POC.

PCG's Signature: Raquel Agpaga

Date of Signature: 12/9/2025

CTA has reviewed all corrected items