

Foster Family Home - Deficiency Report

Provider ID: 1-614108

Home Name: Rowena S. Agustin, CNA

Review ID: 1-614108-19

94-359 Honowai Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/26/2026

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: 1/26/2026).

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1) fire: No evidence present in CCFFH records of fire drills conducted for months of 3/2025 to 10/2025.

(3P)(b)(6) fire: No evidence present in CCFFH records of CG#2, CG#3, and CG#5 conducted a fire drill in the past 12 months.

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 orders of use of full bed siderails for client #1.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(a)(1) Emergency procedures and an evacuation map;
- 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.(a)(1): Change of current physical layout of CCFFH did not reflect CCFFH's evacuation map. One of the exits located in the map is not accessible.

54.(c)(2): Signature page only present of client #1's current service plan dated 1/18/2026. CTA unable to review services addressed in service plan.

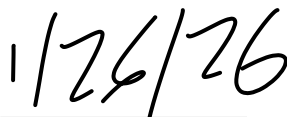
54.(c)(5)(6): No daily documentation of medication administration and ADL/skilled nursing checklist from 1/20/2026 to 1/26/2026 for client #1, client #2, and client #3.



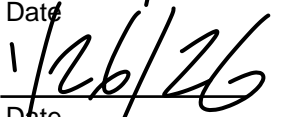
Compliance Manager



Primary Care Giver



Date



Date