

# Foster Family Home - Deficiency Report

Provider ID: 2-523325

Home Name: Rudilia Agpoon, CNA

Review ID: 2-523325-21

1639 Kino'ole Street

Reviewer: Maribel Nakamine

Hilo HI 96720

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 1/21/26).

## 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)- CG#3 without evidence of having been trained with the CCFFH's confidentiality policies and procedures and client privacy rights.

## 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 delegations on Oral/Patch/Rectal/and Nebulizer Medication Administration for CG#3 in Client #1's chart/records.

43.(c)(3)- No RN delegations on Oral Medication Administration for CG#2 and CG#3 in Client #2's chart/records.

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

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

Comment:

(3P)(b)(1)Fire- No monthly fire drill conducted for December 2025.

*Maribel Nakamine RN* 1/21/26  
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Compliance Manager Date  
*[Signature]* SCG 1-21-26  
\_\_\_\_\_  
Primary Care Giver Date