

Foster Family Home - Deficiency Report

Provider ID: 1-240001

Home Name: Sherry Agustin, CNA

Review ID: 1-240001-5

94-149 Mokukaua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 10/9/2025

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 CCFH inspection via email on 10/9/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(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(c) State Name Check (eCrim) was overdue for HHM#3. State Name Check (eCrim) was due on or before 5/15/2025 and is not present in the CCFH file.

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) CCFH did not have evidence of required number of hours of in-service training per calendar year for CG#2, #3, and #4.

CG#2 requires 8 hours of in-service training, but had only 3 hours attended in 2024.

CG#3 requires 8 hours of in-service training, but had only 4 hours attended in 2024.

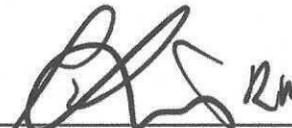
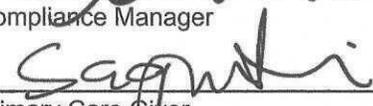
CG#4 requires 8 hours of in-service training, but had only 7 hours attended in 2024.

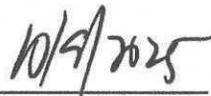
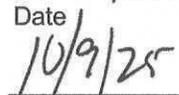
Foster Family Home Records [11-800-54]

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

Comment:

54(c)(2) No current signature of POA/OPG/client for service plan present for Client#1 and Client#2.


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: Sherry Agustin
(PLEASE PRINT)

CCFFH Address: 94-149 Mokuaua St Waipahu HI 96797
(PLEASE PRINT)

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?
8(c)	HHM#3 Ecrim	10/9/25	Set phone alarm 2 months prior the expire date to avoid over lapping.
41.(c)	CG#2, CG#3, CG#4	10/9/25	Remind all my SCG to attend a training atleast 8-10 hours every year to prevent short hours for their in service.
54(c)(2)	Client#1, Client#2 Service Plan signature	10/13/25	Always check service plan every 3 months, remind Clients/POA to sign for their awareness.

All items that were corrected are attached to this POC

PCG's Signature: Sherry Agustin

Date: 10/21/25

CTA has reviewed all corrected items