

Foster Family Home - Deficiency Report

Provider ID: 1-150006

Home Name: Sonia Agni, CNA

Review ID: 1-150006-18

94-1276 Peke Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 11/17/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued via email with written plan of correction due to CTA within 30 days of inspection (report issued: 11/20/2025).

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): No current APS/CAN/criminal background checks for CG#6 and HHM#4. background checks were due by 11/3/2025 for CG#6. No prior documentation for HHM#4.

No evidence present in CCFFH records of any initial sets of Fieldprint fingerprint background checks for HHM#4.

8.(a)(1): No evidence present in CCFFH records of current criminal background check for HHM#1.

No sex offender registry check present in CCFFH records of HHM#4.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN for CG#1 and HHM#1. APS/CAN due by 11/3/2025.

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): No evidence present in CCFFH records of CCFFH's confidentiality training completed by HHM#4.

Foster Family Home - Deficiency Report

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

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

- 41.(a)(2): No evidence present in CCFFH records of Prometric CNA registry check for CG#6.
- 41.(b)(7): Current TB clearance not documented on approved TB document forms and not signed by MD/APRN/DO/NP for CG#1 and CG#6.
- 41.(b)(8): No evidence present in CCFFH records of current first aid/CPR training for CG#3. Training due by 10/18/2025.

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 evidence present in client records of RN delegations by client #1's case management agency of eye medication administration for all caregivers.

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

- 49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

- 49.(c)(3): Multiple holes present in screen door. CTA observed multiple mosquitos into CCFFH.

Foster Family Home Records [11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(a)(3): No community resource list/book present nor did CCFFH have electronic access to one.
- 54.(c)(2): Only signature page of service plan for client #3 dated on 9/24/2025 present in client records. CTA unable to determine services are addressed in the service plan.
- 54.(c)(6): No daily documentation present in client records of medication administration and ADLs/skilled nursing for client #1, #2, and #3. Last documentation noted 11/15/2025 for client #1, 11/15/2025 for medication administration and 10/31/2025 for ADLs/skilled nursing for client #2, and 11/4/2025 for client #3.
- 54.(c)(8): No documentation present in client records of inventory of personal belongings for client #2.



Compliance Manager

11/20/25

Date

Primary Care Giver

Date

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: SONIA AGNI
(PLEASE PRINT)

CCFFH Address: 94-1276 PEKE PLACE, 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.a.1	eCrim Criminal background for HHM#1 obtained and place in home binder. Search for sex offender for HHM#4 done and place in home binder	12/19/25 2/17/26	Home will use a checklist of everything needed when a household member is moving in.
8.a.2	APS-CAN for CG#1 and HHM#4 completed the registration,obtained and place in home binder	11/26/25	Home will use a table calendar and highlight items 30 days before they are due to prevent lapses
16.b.5	Called the attention of POA For HHM#4 to read understand and signed the confidentiality training, completed and placed in home binder	2/18/25	Home will use tabs to mark the confidentiality page in the binder and add visible indicators to prevent from happening again.
41.a.2	Prometric CNA registry obtained from CG#6 and place in home binder	11/18/25	Home will use iPhone reminders for each caregiver to complete their requirements on time, preventing future lapses or missed deadlines.
41.b.8	First aide /CPR obtained from CG #3 and placed in binder	11/18/25	Home will remind caregivers verbally to submit all required documents on time.
43.c.3	Called the precence of all SCGs and CMA for eye drop delegation-signed and documented and placed in binder	1/2/26	Home will review all client records, including RN medication delegations, using marked tabs on the binders for easy identification and accuracy.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/26/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: SONIA AGNI
(PLEASE PRINT)

CCFFH Address: 94-1276 PEKE PLACE, WAIPAHI HI 96797
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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?
49.c.3	Handy man was called and replaced screen door.	12/23/25	Home will always inspect any damages around and inside property.
54.a.3	Community resource guide book accessible on website@dcr.hawaii.gov	12/3/25	Include resource guide book and website address in the binder's pocket.
54.c.2	Completed service plan was obtained, printed, and placed in binder	12/20/25	Home to review all email attachments, review pages and print as soon as it's received.
54.c.6	Medication administration, ADL for client #1, #2, #3 were documented and initialed	11/17/25	Home will bring out records clipboard, make it visible on the table with pen.
54.c.8	Conducted inventory of personal belongings for client #2 and recorded on the chart	11/17/25	Make a to do list and home will perform inventory upon admission.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 2/26/26

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: SONIA AGNI

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CCFFH Address: 94-1276 PEKE PLACE WAIPAĀHU 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.a.1.2	Finger print background for HHM#4, Home sent a letter to the office of CTA for exception due to medical condition.	12/19/25	Home to ensure every house hold member moving in to take finger print background using post it permanent to the fridge so not to miss required items
41.b.7	TB clearance obtained for CG#1 and CG#6 and it was place in home binder	12/24/25 02/11/26	Home to ensure the correct form to used in getting TB test clearance by using a note book to prevent miss leading from happening again

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 2/27/26

CTA has reviewed all corrected items