

Foster Family Home - Deficiency Report

Provider ID: 1-618788

Home Name: Victoria Agregado, CNA

Review ID: 1-618788-16

3404 Likini Street

Reviewer: Ryan Nakamura

Honolulu

HI 96818

Begin Date: 9/25/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/25/2025).

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): No evidence present in CCFFH records of current criminal background check completed for HHM#2, HHM#3, and HHM#4. Background check was due 8/25/2025 for HHM#3 and 8/24/2025 for HHM#2 and HHM#4.

No evidence present in CCFFH records of sex offender search conducted for HHM#2, HHM#3, and HHM#4.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for HHM#2, HHM#3, and HHM#4. Clearance was due by 8/24/2025 for HHM#2 and HHM#4 and 8/25/2025 for HHM#3.

Evidence present in CCFFH records of lapse of APS/CAN clearance for CG#3. Clearance was due by 11/1/2024 and completed 2/3/2025.

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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.

- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(1): No evidence present in CCFFH records of CNA Prometric registry check for CG#1, CG#2, CG#3, and CG#4.

41.(b)(7): Evidence present in CCFFH records of lapse of TB clearance for CG#1 and CG#3. TB clearance was due by 4/15/2025 and completed 8/11/2025 for CG#1 and due by 11/23/2024 and completed 8/11/2025.

No evidence present in CCFFH records of current TB clearance for CG#2. Last TB clearance was due by 11/3/2024.

41.(b)(8): No evidence present in CCFFH records current bloodborne pathogen for CG#5. Training was due by 9/12/2024.

Lapse present in CCFFH records of bloodborne pathogen training completed for CG#3. Training was due by 9/12/2024 and completed 1/7/2025.

41.(e): Evidence of witnesses stated that CG#5 assistance in transferring a client in the CCFFH. CG#5 is not approved to be a 3-bed CCFFH substitute caregiver. CG#5's records in CCFFH have been updated with majority of all requirements for a substitute caregiver. CG#1 stated that CG#5 had not started at CCFFH but CTA is unable to verify due to caregiver sign-in and sign-out was not updated since 11/17/2023. All personnel in the CCFFH that do anything involved in patient care (feeding, transferring, medication administration, dressing, etc.) must be approved by CTA as a 3-bed substitute caregiver.

41.(g): No evidence present in client records of CG#5 had basic caregiver skills checked by client #1, #2, or #3's case management agency.

3 Person Staffing

3 Person Staffing Requirements

(3P) Staff

- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No evidence present in CCFFH records of caregiver sign-in and sign-out had been updated since 11/17/2023. CG#1 stated that the most recent that she had left CCFFH was 9/20/2025 and CG#3 was the caregiver on duty.

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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 were given by client #2's case management agency to CG#3 and CG#5.

No evidence present in client records of RN delegations were given by client #1 and #3's case management agency to CG#5.

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Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence present in CCFFH records of fire drills conducted monthly. Last fire drill conducted was 4/11/2025.

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

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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): CTA observed blood stains on client #2's bed sheets and dried blood on floor of client #2's bedroom floor.

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Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No documentation present in client records of consent of use of camera/monitor in client's common living area for client #2.

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Records

[11-800-54]

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.(c)(6): No daily documentation noted of ADL flowsheets for client #1. Last date of documentation was 9/18/2025 and no documentation not from 3/21/2025 to 3/31/2025.

54.(c)(8): No documentation present in client records inventory of personal belongings for client #1 and client #3.



Compliance Manager


Primary Care Giver



Date


Date