

Foster Family Home - Deficiency Report

Provider ID: 1-160062

Home Name: Evangeline Agonias, NA

Review ID: 1-160062-19

94-826 Kime Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 4/7/2026

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/21/26.

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;

Comment:

8.(a)(1) - eCrim for CG #4 expired on 3/8/2026.

Foster Family Home Records [11-800-54]


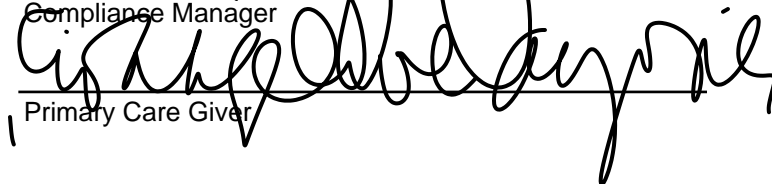
54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:


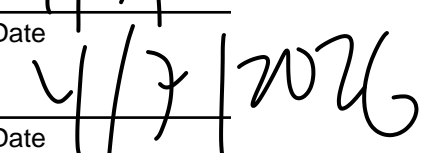
54.(c)(5) Medication schedule checklist;

Comment:

54.(b) - MAR not initialed by any CG since 3/10/2026 for client #1. MAR not initialed by any CG since 4/3/2026 for client #2.

54.(c)(5) - Medication on MAR for client #1 doesn't match Doctor's Orders and bottle. Wrong dosage.


Compliance Manager

Primary Care Giver


Date

Date