

Foster Family Home - Deficiency Report

Provider ID: 1-170076

Home Name: Joyce Agustin, CNA

Review ID: 1-170076-18

98-1584 Hoomahilu Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 10/22/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/22/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Second Fingerprint check is overdue for CG#2, was due on/before 10/16/2024.

Second Fingerprint check is overdue for CG#3, was due on/before 9/8/2025.

Second Fingerprint check is overdue for CG#4, 2 sets of fingerprints was not present in the file.

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Foster Family Home

Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and
- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
- 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.
- 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)(2) CNA Prometric registry check are not present for CG#1 and CG#2.

41(a)(3) No job experience form present for CG#3.

41.b.4. No disclosure form present for CG#4.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for HHM#1.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3 and CG#4. CG#3 and CG#4 requires 12 hours of in-service training, but had only ZERO hours attended in 2024.

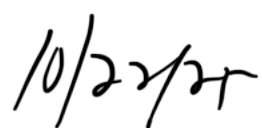
41.g. No basic skills check present in record for CG#4.



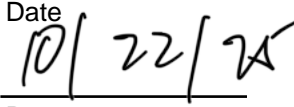
Compliance Manager



Primary Care Giver



Date



Date