

Foster Family Home - Deficiency Report

Provider ID: 1-160014

Home Name: Krystle Agaton, LPN

Review ID: 1-160014-21

91-1316 Hoopio Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 4/1/2026

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

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

Comment:

6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 Business days of inspection. (04/01/2026)

42(a)(1) – Be certified by a physician as requiring nursing facility level of care. The Medicaid agency medical consultant shall certify the individual who is a participant in a federally funded medical program. The CCFFH did not have evidence of a completed and signed/current 1147 on file for client # 1. The 1147 on file expired 08/01/2024.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM # 3 (all 4 minors ages 13, 11, 8, & 4). CCFFH does not qualify or meet specifications for TB Exemption Form.

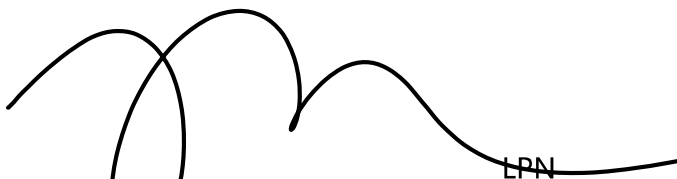
Foster Family Home Records [11-800-54]

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

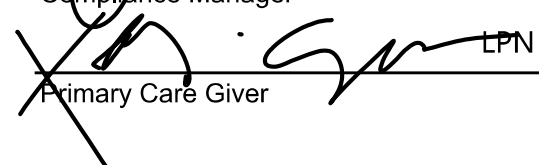
Comment:

54.(c),54(c)(2) No current service plan present for Client# 1. Last one in record is dated 08/01/2024.

54.(c),54(c)(2) Missing service plan for Client# 3. Missing plan in record is for May 2025



LPN
Compliance Manager



LPN
Primary Care Giver

04/01/2026
Date

04/01/2026
Date