

Foster Family Home - Deficiency Report

Provider ID: 1-240009

Home Name: Lailene Evelyn Agbisit, CNA

Review ID: 1-240009-5

94-1072 Lumiaina Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 12/5/2025

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/5/2025).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8): Lapse present in bloodborne pathogen training that was due by 1/21/25 and completed 2/28/2025 for CG#3.

Foster Family Home Grievance [11-800-45]

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(c)(3): No signed acknowledgement present in client records signed by client/representative of CCFFH's grievance policy.

Foster Family Home Medication and Nutrition [11-800-47]

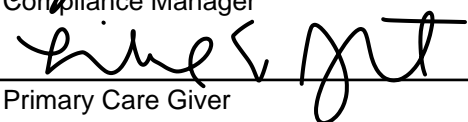
47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation present of signed physician order for use of full bedside rails.



Compliance Manager



Primary Care Giver

12/5/25
Date

12/5/25
Date