

Foster Family Home - Deficiency Report

Provider ID: 2-636102

Home Name: Leonora Agbigay, CNA

Review ID: 2-636102-15

293 Kuhilani Street

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 4/6/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 4/06/2026).

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

41.(a)(1) Reside in the community care foster family home;

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.

Comment:

41.(a)(1): PCG's bedroom is outside and considered a separate unit of the house that is not located inside the CCFFH's unit of the building. PCG's are required to have a bedroom and live in the CCFFH. CG#2 lives in a bedroom inside the unit with the clients.

41.(b)(7): Evidence of lapse of TB clearance present in CCFFH records for CG#4 and CG#6. TB clearance was due by 7/04/2025 and completed 8/06/2025 for CG#4. TB clearance was due by 5/09/2025 and completed 6/27/2025 for CG#6.

41.(b)(8): Evidence of lapse present in CCFFH records of first aid/CPR training for CG#1. First aid/CPR training was due by 7/10/2026 and completed 1/04/2026 for CG#1.

Evidence of lapse present in CCFFH records of bloodborne pathogen training for CG#4. bloodborne pathogen training was due by 3/01/2025 and completed 8/13/2025 for CG#4.

Foster Family Home 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 #2's records of RN delegations given for any tasks for CG#3.

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Physical Environment

[11-800-49]


49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.


49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(3): No evidence present in client #2's records of written consent/acknowledgement signed by client/POA of use of camera/monitor in client's bedroom and common areas.

49.(c)(3): Food preparation and cooking for clients all prepared outside lanai. No working stove/oven present inside of CCFFH.



Compliance Manager


Primary Care Giver

4/6/26

Date
4/6/26

Date