

Foster Family Home - Deficiency Report

Provider ID: 1-220041

Home Name: Lynn Marie Agbunag, CNA

Review ID: 1-220041-9

432 Hoomalu Street

Reviewer: Po Lim

Pearl City HI 96782

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) Unannounced inspection for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/7/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for HHM#1, #2, and #3. APS/CAN was due on or before 4/14/2025 and was completed on 6/16/2025.

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

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.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#4 and HHM#3. CG#4 and HHM#3 TB clearance was not reported on the State standardized form.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#5. Certificate was not present in the file.

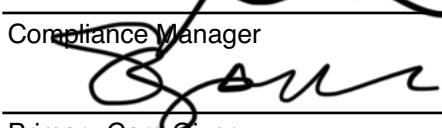
Foster Family Home Records [11-800-54]

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

Comment:

54(c)(2) No current service plan present for Client#1 and Client#2. Client#1 Last one in record is dated 7/3/2025. Client#2 Last one in record is dated 7/20/2025.


Compliance Manager


Primary Care Giver


Date

Date