

Foster Family Home - Deficiency Report

Provider ID: 1-190041

Home Name: Vladimir Francis Agonoy, CNA Review ID: 1-190041-17

94-241 Haaa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 3/5/2026

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 made for a 3-bed recertification.

Deficiency Report emailed with plan of correction due to CTA within 10 business days from issuance (issued on 3/9/26).

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1), (2)- CG#1's APS/CAN and Ecrim results lapsed on 1/9/26 and was renewed on 2/23/26. CG#2's APS/CAN lapsed on 2/9/26 and renewed on 2/23/26. CG#2's Ecrim expired on 2/16/26 and no current result was present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill completed for the month of February 2026.

Foster Family Home Records [11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(b)- No signatures after each dated entry from 11/10/23 thru 2/20/26 in Client #1's observation/progress notes documentations.

54.(c)(5) Incomplete Medications Administration Records (MARs) for Client #1- no MAR for March 2026; Signatures were missing for the following dates: 2/28/26, 9/27/25- 9/30/25, 8/23/25- 8/31/25, 7/23/25-7/31/25, 6/1/25-6/18/25 and 6/30/25, and 3/30/25-3/31/25.

54.(c)(6)- Incomplete Daily Care Flowsheet for Client #1. Signatures were missing for the following dates: 1/31/26, 11/25/25-11/30/25, 10/28/25-10/31/25, 9/3/25-9/18/25, 9/30/25, 8/21/25-8/31/25, 7/31/25, 6/27/25- 6/30/25, 5/23/25- 5/31/25, April 2025- no MAR, and 3/30/25-3/31/25


Compliance Manager Date 3/9/26

Primary Care Giver

Date