

Foster Family Home - Deficiency Report

Provider ID: 1-090126

Home Name: Zenaida Agsalda, CNA

Review ID: 1-090126-20

1727 Ema Place

Reviewer: Ryan Nakamura

Honolulu HI 96819

Begin Date: 12/2/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/11/2025).

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): No evidence present of sex offender registry searches completed for CG#1, CG#2, and CG#3.

8.(a)(2): Evidence of lapse present in CCFFH records of APS/CAN clearance for CG#2. Clearance due by 11/27/2025 and completed 12/11/2025. Results were pending.

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

41.(a)(2) Be a NA, an LPN, or RN;

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)(2): No evidence present in CCFFH records of CNA Prometric registry check completed for CG#1 and CG#2.

41.(b)(7): No evidence present in CCFFH records of current TB clearance for CG#2. TB clearance was due by 10/11/2025.

41.(b)(8): Evidence of lapse of bloodborne pathogen training for CG#2. Training was due by 8/28/2025 and completed 11/1/2025.

No evidence present in CCFFH records of current CPR training for CG#3. Training was due by 8/2023.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): Fire drills were conducted only in the mornings and not during the evening or nighttime in the past 12 months.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4): No wheelchair accessibility ramps available for any exits at CCFFH. All exits have at least one step.

Foster Family Home

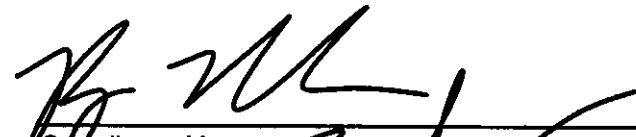
Insurance Requirements

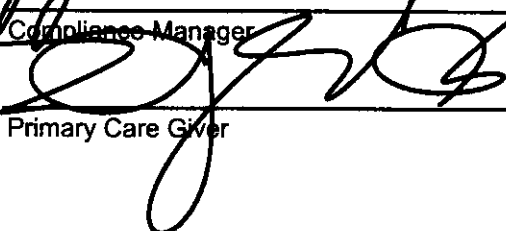
[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): General liability insurance present in CCFFH records expired 11/30/2025.



Compliance Manager


Primary Care Giver

12/11/25
Date
12/11/25
Date

CTA RN Compliance Manager: Laurie Vosler / Ryan Nakamura

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction (POC)
 Chapter 11-800

PCG's Name on CCFFH Certificate: Zenaida V. Agsalda
 (PLEASE PRINT)

CCFFH Address: 1727 Ema Place, Honolulu Hawaii 96819
 (PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8.a.1	Lapse cannot be corrected. Placed on home record.	12/14/25	Home will use a wall calendar to put all due dates on. Sex offender registry checks will be done 4 weeks before due date to prevent future lapses.
8.a.2	Lapse cannot be corrected due on 11/27/25 and completed 12/11/25. Placed into home file.	12/15/25	Home will use a spreadsheet on laptop to identify when requirements are due to prevent them from expiring. Should be pulled 4 weeks before due date to avoid lapses.
41.a.2	Lapse cannot be corrected. Placed on home record.	12/14/25	Home will use wall to put due dates on. CNA prometric registry checks 4 weeks before due date to avoid future lapses.
41.b.7	2025 TB clearance was obtained for CG#2. It was placed into home record.	12/17/25	Home will use spreadsheet on laptop to identify when requirements are due to prevent from expiring. CG#1 will inform other care givers when an item is due 4 weeks before it is due.
41.b.8	Lapse cannot be corrected. Training done 11/1/25. Training certificate placed in home file.	11/1/25	Home will use a wall calendar to put all due dates on. CG#1 will inform other caregivers when an item is due 4 weeks before it is due

All items that were corrected are attached to this POC

POC's Signature: 

Date: 12/29/25

Retained all corrected items

CTA RN Compliance Manager: Laurie Vosler / Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

POC's Name on CCFFH Certificate: Zenaida V. Agsalda
(PLEASE PRINT)

CCFFH Address: 1727 Ema Place, Honolulu Hawaii 96819
(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
46.a	Fire drills were done in the morning and in the afternoon after 3pm. We have added another drill in evening at 8pm.	12/15/25	Home will use a calendar to put all due dates to prevent from lapsing on a monthly basis.
49.a.4	See pictures. We have a portable ramp newly purchased 12/15/25	12/15/25	We recently moved to a new location.
51.a.1	Cannot be corrected. New policy received and placed in home file.	12/18/25	Home will use wall calendar to put all due dates on. Certificate of liability insurance check should be done 4 weeks before due date to prevent from expiring.

All items that were corrected are attached to this POC

POC's Signature: [Signature]

Date: 12/29/25

reviewed all corrected items