

Foster Family Home - Deficiency Report

Provider ID: 1-150056

Home Name: Alma D. Agpoon, CNA

Review ID: 1-150056-18

94-536 Hiapaiolo Loop

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 4/24/2026

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 visit made for a 3-bed annual inspection.


Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 04/24/2026)

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;

Comment:

8.(a)(1)-HHM#2 Ecrim expired on 2/3/2026 with no current results in binder.



Compliance Manager



Primary Care Giver

4/24/26
Date

4/24/26
Date

CTA RN Compliance Manager: DEBORAH BAUMGART

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

PCG's Name on CCFFH Certificate: ALMA D AGPOON
(PLEASE PRINT)

CCFFH Address: 94-536 HIAPAIOLE LOOP, WAIPAHU HI, 96797
(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.	04.24.26	Home will use a wall calendar to put all due dates on. Background checks will be done at 3 weeks before due date to prevent future lapses.

All items that were corrected are attached to this POC

PCG's Signature: *Adagpoon*

Date: 04.25.2026

CTA has reviewed all corrected items