

Foster Family Home - Deficiency Report

Provider ID: 1-250040

Home Name: Reynald Agni, CNA

Review ID: 1-250040-3

94-1274 Peke Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 4/27/2026

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 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/27/2026 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)(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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)

Second Fingerprint check is overdue for CG#3 and #4. CG#3 was due on/before 9/8/2024, and CG#4 was due on/before 9/24/2022.

Sex Offender check are not present for CG#4 and CG#7.

8(a)(2) APS/CAN checks were overdue for CG#5 and CG#6.

CG#5 APS/CAN was due on or before 11/3/2025 and was not present in the CCFFH file.

CG#6 APS/CAN was due on or before 3/22/2026 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was lapsed for CG#2. State Name Check (eCrim) was due on or before 1/24/2026 and was completed on 2/20/2026.

CG#5 ECRIM was expired on 11/3/2025.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#3 and CG#4. CG#3 CPR/1st Aid was due on/before 4/24/2026. CG#4 CPR/1st Aid was due on/before 3/31/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 4. CG# 4 requires 8 hours of in-service training, but had only 5 hours attended in 2025.

Foster Family Home


Fire Safety

[11-800-46]

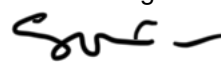
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

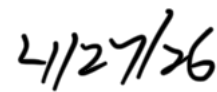
46.(a) - Last fire drill present in record was documented on 2/2026. No fire drill documentation present for March 2026.




Compliance Manager



Primary Care Giver



Date



Date