Foster Family Home - Deficiency Report

Provider ID:	**1-512162**		
Home Name:	**Erlinda Agcaoili, CNA**	**Review ID:**	**1-512162-19**
91-862 Makule Road, B-1		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	5/15/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 5/15/2026).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Evidence of lapse of TB clearance present in CCFFH records for CG#3. TB clearance was due by 8/24/2025 and completed 10/18/2025.

Foster Family Home **Medication and Nutrition** **[11-800-47]**

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client #1's records of physician order for use of bed side rails.

Foster Family Home **Physical Environment** **[11-800-49]**

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Stove used with propane tank that was intended for outdoor use was present in kitchen.

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Foster Family Home	**Records**	**[11-800-54]**

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;
54.(c)(8)	Personal inventory.

Comment:

54.(c)(5): Discrepancy noted in one medication for client #1. Physician order present in client #1's records for Ingrezza stated 40mg 1 capsule by mouth every evening but medication administration record (MAR) stated 60mg 1 capsule by mouth daily.

54.(c)(6): No evidence present in client #1's records of CMA RN/SW monthly visit occurred in 10/2025.

54.(c)(8): No documentation present in client #1's records of inventory of personal belongings for client #1.

Compliance Manager — Date: 5/15/26

Primary Care Giver — Date: 5/15/26