Foster Family Home - Deficiency Report

Provider ID:	**1-170082**		
Home Name:	**Jovy Jane Agcaoili, NA**	**Review ID:**	**1-170082-16**
91-1076 Kuhina Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	5/21/2026

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 of inspection (inspection date: 5/21/2026).

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;

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): Evidence of lapse of criminal background check present in CCFFH records for CG#3. Criminal background check was due by 3/26/2026 and completed 5/10/2026.

8.(a)(2): APS/CAN clearance was due by 5/30/2025 for CG#1 and 5/10/2026 for CG#2.

Foster Family Home — Information Confidentiality — [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training was completed for HHM#2.

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

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.
41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and
41.(i)	The primary caregiver shall notify the department of any dependent household members or changes in household composition.

Comment:

41.(b)(7): TB clearance was due by 12/14/2025 for CG#1, 4/13/2026 for CG#2, and 01/21/2026 for CG#3.

41.(b)(8): First aid/CPR training present in CCFFH records expired 1/30/2026 for CG#1.

41.(f)(1): No TB clearance present in CCFFH records for HHM#2 and 1 HHM minor.

41.(i): Primary caregiver disclosure form present in CCFFH records did not reflect current household composition.

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.
46.(b)(2)	All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): All fire drills in the past 12 months present in CCFFH records were conducted between 8-9 AM.

46.(b)(2): No evidence present in CCFFH records of CG#2 conducted a fire drill in the past 12 months.

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

49.(a)(5)	An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(5): CCFFH unable to test smoke detector due to no battery.

49.(c)(3): Multiple dead bugs in multiple rooms in the CCFFH (common living rooms and client bathroom).

Foster Family Home	Insurance Requirements	[11-800-51]

51.(a)(1)	General;

Comment:

51)(a)(1): General liability insurance present in CCFFH records expired 10/09/2025.

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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)(6): No daily documentation present in client #1's records of medication administration and ADL/skilled nursing checklist from 5/11/2026 to 5/21/2026.

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

Compliance Manager — Date 5/21/26

Primary Care Giver — Date 5/21/26