

# Foster Family Home - Deficiency Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-15

41-532 Inoaole Street

Reviewer: Deborah Baumgart

Waimanalo HI 96795

Begin Date: 10/21/2024

## 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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.  
(Issued 10/21/2024)

## 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;

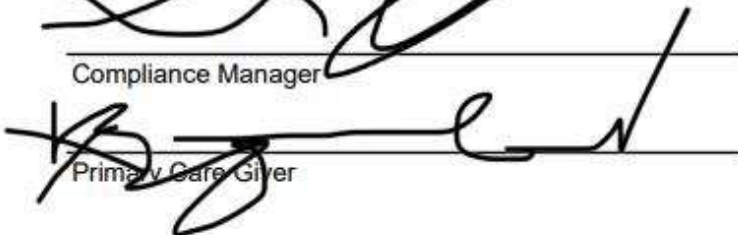
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#2 Ecrim lapsed 4/4/2023 done 4/10/2023. CG#2 APS/CAN lapsed 3/18/2024 done 3/26/2024.



Compliance Manager



Primary Care Giver

10/21/24

Date

10/21/24

Date

CTA RN Compliance Manager: Deborah Baumgart LPN

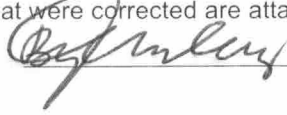
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Brenda Sanders  
(PLEASE PRINT)

CCFFH Address: 41-532 Inoaole Street Waimanalo, HI 96795  
(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) (2)	Lapse cannot be corrected.	10/21/24	CG(1) used sticky note to avoid future laps. We schedule 2 weeks before the expiration date.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/21/24

CTA has reviewed all corrected items