

# Foster Family Home - Deficiency Report

Provider ID: 1-180045

Home Name: Cherry Fiesta, CNA

Review ID: 1-180045-14

94-777 Kaaka Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 4/8/2025

Foster Family Home	Required Certificate	[11-800-6]
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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 plan of correction due to CTA within 30 days of inspection (issued on 4/8/2025)

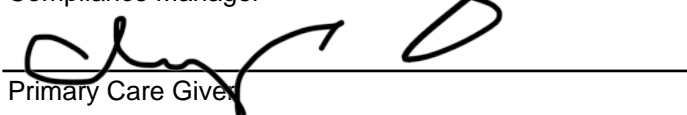
Foster Family Home	Background Checks	[11-800-8]
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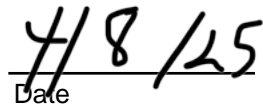
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

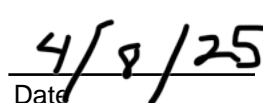
Comment:

8.(a)(2)-CG#1 APS/CAN lapsed 1/10/2025 and was done on 1/17/2025.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager:

Deborah Baumgart 4th

Community Care Foster Family Home (CCFFH)

Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

Cherry Fiesta

CCFFH Address:

94-777 Kaaka St. Waipahu, HI 96797

(PLEASE PRINT)

(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?
8.9(2)	Lapse cannot be corrected APS/CAN due 1/10/25 was done on 1/14/25.	1/14/25	PCG will use calendar to input when APS/CAN will expire at least 3 weeks before due date.

☒ All items that were corrected are attached to this POC

PCG's Signature:

Cherry Fiesta

Date:

4/8/25

☒ CTA has reviewed all corrected items