

Foster Family Home - Deficiency Report

Provider ID: 1-628125

Home Name: Janette Nino, CNA

Review ID: 1-628125-17

94-1235 Kahuaiana Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/24/2025

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 3-bed annual inspection.


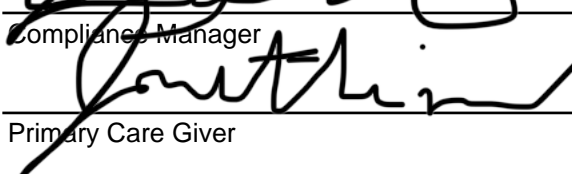
Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/24/2025)

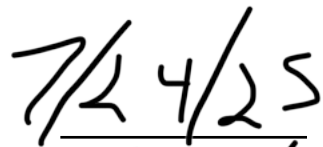
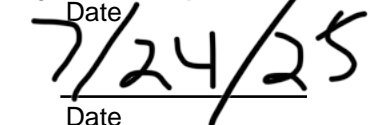
Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)-CG#2 APS/CAN lapsed on 9/12/2024 and was done on 5/15/2025.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Deborah Baumgart

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Janet Nino

CCFFH Address: 94-1235 Kahuaina St. Waikeolu HI 96797
(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?
8.9.1	lapse cannot be corrected	7/24/25	I will create a calendar listing due dates for each document along w/ a reminder 1 month prior to its due dates.

☒ All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7/24/25

☒ CTA has reviewed all corrected items