

# Foster Family Home - Deficiency Report

Provider ID: 1-220057

Home Name: Katrina Zairra Manuel, CNA

Review ID: 1-220057-9

91-446 Papipi Drive

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 6/13/2025

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 6/13/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Fingerprint was not present for HHM#3.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: Terri Van Houten RN

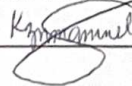
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Katrina Zairra Manuel CNA  
(PLEASE PRINT)

CCFFH Address: 91-446 Papipi Drive Ewa Beach Hawaii 96706  
(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)	Pcg will gather the HHM#3 fingerprint from the State of Hawaii.	6/23/2025	Upon the initial additional HHM#3, the fingerprint will be collected from the State of Hawaii. A reminder will be established one month in advance of the HHM on time fingerprint.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 06/23/2025

☒ CTA has reviewed all corrected items