

Foster Family Home - Deficiency Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-15

5362 Olopuia Street

Reviewer: David Ayling

Kapa'a HI 96746

Begin Date: 7/17/2025

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) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/2/24.

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;

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

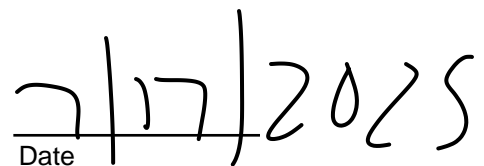
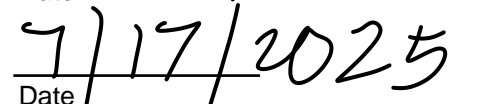
Comment:

8.(a)(1) - No current eCrim for CG #4, CG #5, and CG #7. Expired 5/2025.

8.(a)(2) - No current APS/CAN for CG #4 and CG #5. Expired 5/2025.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: DAVID AYLING

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

PCG's Name on CCFFH Certificate: Annette Rivera
(PLEASE PRINT)

CCFFH Address: 5362 Olopuu St. Kapaa, HI. 96746
(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)	Lapse cannot be corrected.	7/17/25	Home will use a wall calendar to put all due dates on. Background check will be done atleast two weeks before due date to prevent future lapses.
8(a)(2)	Lapse cannot be corrected	7/23/25	Home will use wall calendar as a reminder for due dates to prevent from future lapses.

☒ All items that were corrected are attached to this POC

PCG's Signature: A Rivera

Date: 7/28/2025

☒ CTA has reviewed all corrected items