

Foster Family Home - Deficiency Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-15

5362 Olopua Street

Reviewer: David Ayling

Kapa'a

HI 96746

Begin Date: 7/17/2025

Foster Family Home

Required Certificate

[11-800-6]

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]

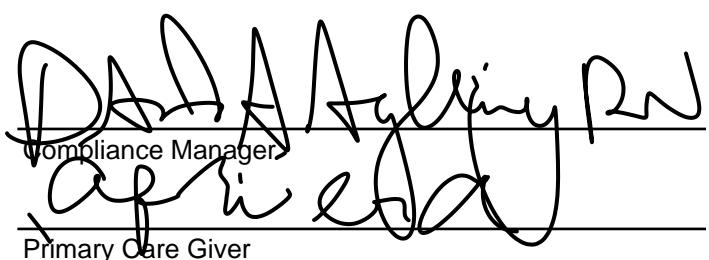
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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.


David Ayling RN
Compliance Manager
Primary Care Giver

7/17/2025
Date
7/17/2025
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

CCFFH Address:

5362 Olopuia St. Kapaa, HI 96746

(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.(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 at least 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:

Annette Rivera

Date: 7/28/2025

CTA has reviewed all corrected items