

# Foster Family Home - Deficiency Report

Provider ID: 5-510819

Home Name: Elisa Suniga, CNA

Review ID: 5-510819-23

4860-A Nonou Road

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 8/17/24.

## 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. Expired on 6/6/2025.

8.(a)(2) - No current APS/CAN for CG #2, CG #4, and HHM #1. Expired on 6/6/2025.

John R. Ayling  
Compliance Manager  
Elisa Suniga  
Primary Care Giver

7/17/2025  
Date  
7/17/25  
Date  
7/17/2025 8:56:06 AM

CTA RN Compliance Manager:

David Ayling RN

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

PCG's Name on CCFFH Certificate: ELISA R. SUNIGA (S-510819)

CCFFH Address: 4860-A Noveau Rd. 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?
(a)(1)	Applied for criminal background right away	7/21/25	Make a note for all the documents and put all the expiration date
(a)(2)	Did applied for APS - CAN right away	7/28/25	Make a calendar for all the documents and put the expiration date. And be aware all the time.

All items that were corrected are attached to this POC

PCG's Signature: Elisa R. Suniga

Date: 8/17/25

CTA has reviewed all corrected items