

Foster Family Home - Deficiency Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-18

94-904 Kuakahi Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 7/30/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Client#1 did not have a current 1147 form, expired on 2/1/2025.

Deficiency Report issued during CCFFH inspection via email on 7/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Sex Offender check are not present for HHM#2.

8(a)(2) APS/CAN checks were overdue for CG#3. Expiration was on 4/13/2025.

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

Comment:



41(a)(2) CNA Prometric registry check are not present for CG#1 and CG#3.

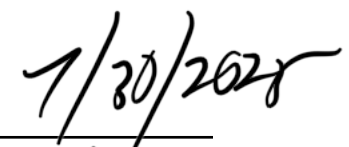
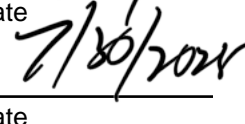
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature of POA, for service plan present for Client#1.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: ELORDEUZA M. BRAGA
(PLEASE PRINT)CCFFH Address: 94-904 KUAKAHI ST WAIKAKA 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?
6(d)(6)	Print out the emailed 1147 on 4/3/25 for Client #1	8/01/25	Immediately print and file important forms from case management
8(a)(1)	Secured sex offender check for HHM #2	8/01/25	PCG will get Sex Offender Check for all HHM of legal age.
8(a)(2)	PCG requested the SCG for a copy of most recent APS/CAN	8/01/25	PCG will keep track of the expiration dates of all the APS/CAN and other renewable requirements of SCGs + HHMs.
41(a)(2)	Performed a PROMETRIC Registry check for CG #1 + CG #3	7/30/25	PCG will do PROMETRIC Registry check and file a copy on all CNA. PCG will track expiration dates for renewable requirements

☒ All items that were corrected are attached to this POCPCG's Signature: f m BragaDate: 8/30/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: FLORDELIZA M. BRAGA
(PLEASE PRINT)CCFFH Address: 94-904 KUAKAHI ST WAIPIAHU 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?
59(c)(2)	sent out self stamped envelopes to the POA and a copy of the 1147 for signature	8/22/25	PCG will exert ^{effort} all to reachout to the concerned people to complete all forms necessary. sent out self stamped envelopes to the POA

☒ All items that were corrected are attached to this POCPCG's Signature: forbragaDate: 8/30/25☒ CTA has reviewed all corrected items