

Foster Family Home - Deficiency Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA
94-904 Kuakahi Street
Waipahu HI 96797

Review ID: 1-160073-18
Reviewer: Po Lim
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 7/30/2025

Date 7/30/2025

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: ELORDELZA M. BRAGA
 (PLEASE PRINT)

CCFFH Address: 94-904 KUAKAHI ST WAIPAHA 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 H47 on 4/3/25 for Client #1	8/01/25	Immediately print and file important forms from ease 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 POC

PCG's Signature: florbragaDate: 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 WAIPAHU 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 all effort 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 POC

PCG's Signature: florbraga

Date: 8/30/25

CTA has reviewed all corrected items