

Foster Family Home - Deficiency Report

Provider ID: 2-590374

Home Name: Maritess Tenorio, CNA

Review ID: 2-590374-19

15-1622 31st Avenue

Reviewer: Deborah Baumgart

Keaau

HI

96749

Begin Date: 8/26/2025

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- Unannounced visit made for a 3-bed annual inspection.


Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/26/2025)

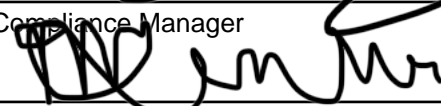
Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and


Comment:

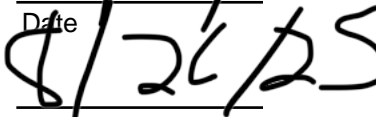
8.(a)(2)-CG#2 APS/CAN lapsed 8/1/2025 and was done on 8/26/2025.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager:

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

PCG's Name on CCFFH Certificate:

MARITESS TENORIO

(PLEASE PRINT)

CCFFH Address:

15-1622 31st Avenue KEAAU HI 96749

(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)(2)	Lapse cannot be corrected	8/26/25	Caregiver #1 will use iPhone calendar to schedule of expiration date for ALL scb & household member, I will schedule 2 or 3 weeks in advance

☒ All items that were corrected are attached to this POC

PCG's Signature:

Maritess Tenorio

Date:

8/26/25

☒ CTA has reviewed all corrected items