

Foster Family Home - Deficiency Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-19

94-885 Kaaholo Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 1/8/2026

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 2/8/26.

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

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(2) - Prometric verification report expired for CG #6.

41.(b)(7) - TB clearance expired on 7/17/2025 for CG #6.

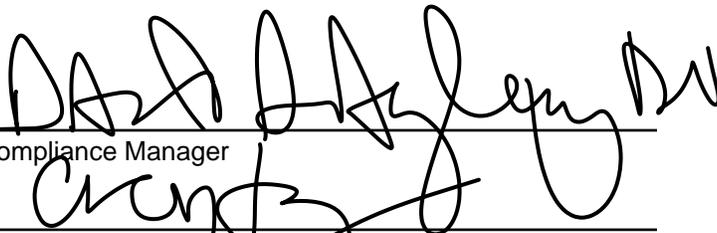
41.(b)(8) - CPR/First Aid expired on 1/2026 for CG #6 and Blood Borne Pathogen certification expired on 8/1/2025 for CG #6.

Foster Family Home Records [11-800-54]

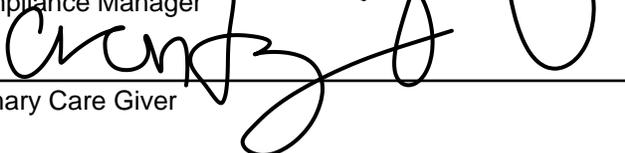
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - No Service Plan present for Client #1. Admission date 12/11/2025.



Compliance Manager



Primary Care Giver

1/8/2026

Date

1/8/26

Date