

# Foster Family Home - Deficiency Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-21

94-1062 Lumikula Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 2/13/2026

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

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

Comment:

6(d)(1) Unannounced inspection made for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 2/13/2026 with Plan of Correction due to CTA within 10 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;

Comment:

8.(a)(1) Second Fingerprint check was not present in the file for HHM#3 and HHM#5.

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

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#3. CG#3 TB clearance was not completed/reported on the state standardized form.

Co  
\_\_\_\_\_  
Primary Care Provider  
\_\_\_\_\_  
Date

CTA RN Compliance Manager: Po Lim RN

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

PCG's Name on CCFFH Certificate: Fe A. Manera  
(PLEASE PRINT)

CCFFH Address: 94-1062 Lumikula 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?
8. (a)(1)	Second fingerprint check for HMM #3 and HMM #5 was done and placed on the home chart.	02-14 2026	Home will make a calendar on the wall and remind HMMs to do the check before the due dates or one week before the due dates, or one month before it expires.
4. (b) (7)	TB clearance of CG #3 was obtain on the state standardized form and was placed on the home chart.		Home will make a calendar on the wall and remind CGs to do TB clearance two weeks before the due dates or month before it expires.

All items that were corrected are attached to this POC

PCG's Signature: Fe A. Manera

Date: 02-17-2026

CTA has reviewed all corrected items