

Foster Family Home - Deficiency Report

Provider ID: 1-626046

Home Name: Florelin Baptista, RN

94-1075 Palaiki Street

Waipahu

HI 96797

Review ID: 1-626046-13

Reviewer: Ryan Nakamura

Begin Date: 10/24/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/24/2025).

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): Current TB clearance presented in CCFFH records not signed by MD/APRN/DO/NP and not documented on approved TB clearance form for CG#4.

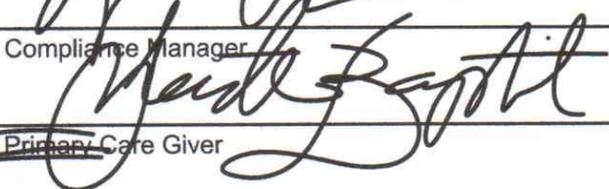
Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#5 conducted a fire drill in the past 12 months.



Compliance Manager


Primary Care Giver

10/24/25

Date
10/24/25

Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Florelin Baptista
(PLEASE PRINT)

CCFFH Address: 94-1075 Palaiki St, Waipahu Hawaii 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?
41.(b)(7)	Obtained TB clearance for CG #4 that was signed by APRN on 11/05/25.	11/5/25	I will make sure that I am up to date with any changes, will read news letter given by CTA. TB clearance for all CG will be signed by MD/APRN/DO/NP.
46.(b)(2)	CG #5 conducted fire drill on October 26, 2025.	10/26/25	Home will keep a printed table to keep track of the caregivers' fire drill completion dates. This will ensure that the home has done the monthly fire drills and that each caregiver will have completed 2-3 within a year.

All items that were corrected are attached to this POC

PCG's Signature: Florelin Baptista

Date: 11/17/25

Revised 01/07/26

CTA has reviewed all corrected items