

Foster Family Home - Deficiency Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-18

2020 Puna Street

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 2/27/2026

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

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

Comment:

d.1- Unannounced visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 02/27/2026)

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)-Sex offender registry checks for CG#1 and CG#2 expired 6/24/25 with no current results in binder.

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

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

Comment:

41.(a)(2)-CG#1 and CG#2 no CNA registry checks in binder.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

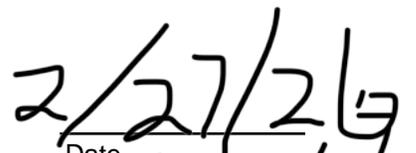
46.(a)-No nighttime fire drills conducted for the last 12 months.



Compliance Manager



Primary Care Giver



Date



Date