

Foster Family Home - Deficiency Report

Provider ID: 1-120024

Home Name: Judith Sanchez, CNA

Review ID: 1-120024-22

76 Kaluhea Street

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 3/5/2026

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 for a 3 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 3/5/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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 or exclusion for CG#3. CG#3 TB clearance was not reported on the state standardized form.


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 current signature of POA for service plan present for Client#1, #2, and #3.


Compliance Manager


Primary Care Giver


Date

Date