

Foster Family Home - Deficiency Report

Provider ID: 1-210045

Home Name: Michael Britten, CNA

Review ID: 1-210045-13

91-2026 Kamakana Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 2/26/2026

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 2/26/2026).

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): No evidence present in CCFFH records of sex offender search conducted for CG#6.

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

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

Comment:

41.(a)(1): No evidence present in CCFFH records of Prometric CNA registry check for CG#6.

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#2 and CG#9 conducted a fire drill in the past 12 months.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

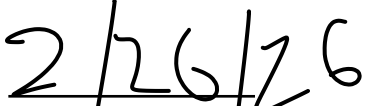
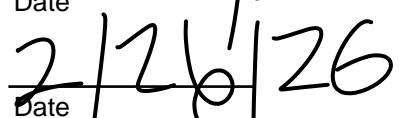
Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#6, CG#7, and CG#9.



Compliance Manager


Primary Care Giver


Date

Date