

Foster Family Home - Deficiency Report

Provider ID: 1-170027

Home Name: Roxanne Medrano, CNA

Review ID: 1-170027-18

94-830 Kumukula

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 1/20/2026

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 01/20/2026)

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

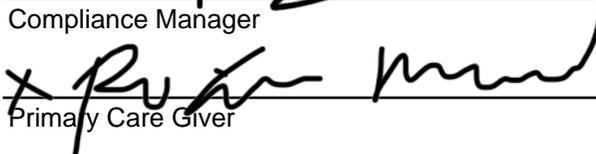
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

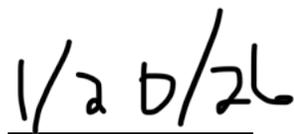
46.(a)-Last fire drill in binder dated 1/9/2025



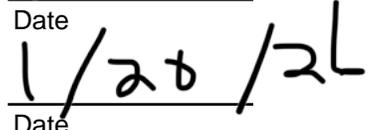
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate: Roxanne Medrano
(PLEASE PRINT)

CCFFH Address: 94-830 Kumukula Street, 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?
46.a	Lapse cannot be corrected	01-21-2026	Caregiver no. 1 Will use a checklist to schedule fire drills monthly, and to schedule each SCG one time during the year to avoid any lapses. January 21, 2026 fire drill conducted.

All items that were corrected are attached to this POC

PCG's Signature: Roxanne Aragon - Medrano

Date: 1/20/2026

CTA has reviewed all corrected items