

Foster Family Home - Deficiency Report

Provider ID: 1-561531

Home Name: Sunny K. Lee, CNA

Review ID: 1-561531-20

3229-A Francis Street

Reviewer: David Ayling

Honolulu

HI 96815

Begin Date: 12/18/2025

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/18/26.

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

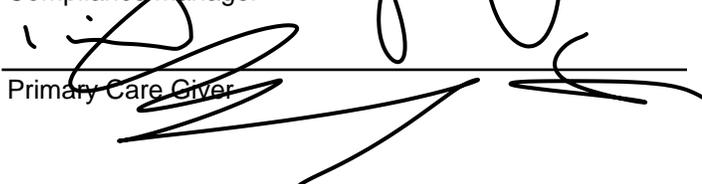
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

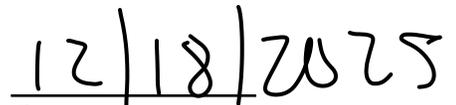
41.(b)(7) - TB clearance expired on 9/27/2025 for CG #1.



Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Dave Ayling

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

PCG's Name on CCFFH Certificate: Sunny K. K. Lee

(PLEASE PRINT)

CCFFH Address: 3229A Francis St. Honolulu, Hawaii 96815

(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)	Went to get TB test	1/30/26	I placed it on the online calendar to get it redone within 12 months. My mistake was thinking it was 18 months.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/30/26

CTA has reviewed all corrected items