

Foster Family Home - Deficiency Report

Provider ID: 1-564452

Home Name: Zenaida Sumagit, CNA

Review ID: 1-564452-20

115-A Cypress Avenue

Reviewer: Deborah Baumgart

Wahiawa

HI 96786

Begin Date: 9/15/2025

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

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

Comment:

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

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/15/2025)

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)-CG#1, CG2, CG#3, CG#4, CG#5 and HHM#1 no sex offender checks 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)-No CNA registry checks for CG# 1 and CG# 4 in binder.



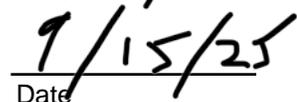
Compliance Manager



Primary Care Giver



Date



Date