

Foster Family Home - Deficiency Report

Provider ID: 5-160019

Home Name: Annette Rivera, CNA

Review ID: 5-160019-17

5362 Olopuua Street

Reviewer: David Ayling

Kapa'a HI 96746

Begin Date: 4/16/2026

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 4/30/26.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - eCrim expired on 3/10/2026 for CG #1. Not done until 3/26/2026.

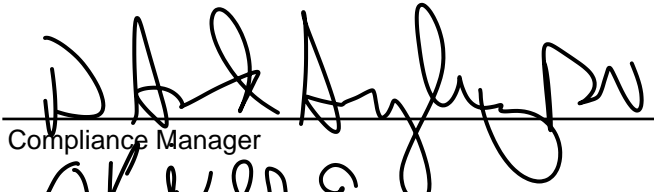
8.(a)(2) - APS/CAN expired on 12/12/2025 for HHM #1. Not done until 1/14/2026.

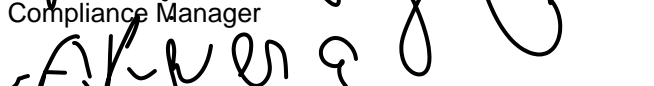
Foster Family Home Personnel and Staffing [11-800-41]

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

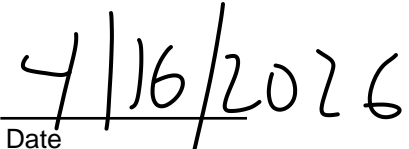
Comment:

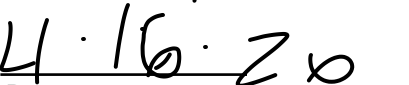
41.(a)(2) - Prometric verification check expired for CG #1, CG #3, and CG #6. Need to obtain current checks.



Compliance Manager


Primary Care Giver



Date


Date