

# Foster Family Home - Deficiency Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

Review ID: 1-160001-17

41-532 Inoaole Street

Reviewer: Ryan Nakamura

Waimanalo HI 96795

Begin Date: 10/8/2025

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/08/2025).

6.(d)(1): No evidence present in client records of 1147 assessment for client #2. 1147 assessment present in records expired 7/16/2025.

## 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): Evidence present in CCFFH records of lapse of ecrim background check for CG#3. Background check was due by 4/10/2025 and completed 8/12/2025.

No evidence present in CCFFH records of sex offender registry searches completed for CG#1, CG#2, and CG#3.

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1, CG#2, and CG#3.

## 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a): No evidence present in CCFFH records of fire drill conducted for month of 9/2025.

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past 12 months.

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Foster Family Home


Records

[11-800-54]

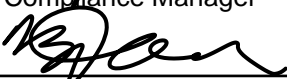
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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Comment:

54.(c)(2): No evidence present in client records of current service plan for client #1. Last service plan present in client records was dated 2/02/2025.

  
\_\_\_\_\_  
Compliance Manager

10/5/25  
Date

  
\_\_\_\_\_  
Primary Care Giver

10/8/25  
Date