

Foster Family Home - Deficiency Report

Provider ID: 5-240008

Home Name: Jennifer Cezar-Oligo, CNA

Review ID: 5-240008-4

8900 Kekaha Road

Reviewer: Deborah Baumgart

Kekaha

HI

96752

Begin Date: 11/20/2025

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 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 11/20/2025)


PCG requests to increase from 2 bed to 3 bed CCFFH.

Foster Family Home Background Checks [11-800-8]

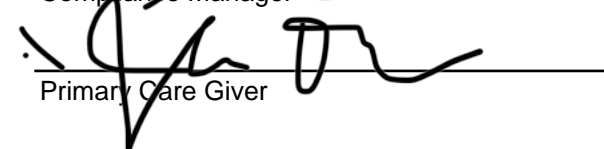
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

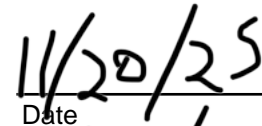
8.(a)(2)-CG#1 APS/CAN lapsed 10/23/2024 no current results in binder. CG# 2 APS/CAN lapsed 2/12/2025 no current results in binder. CG#3 APS/CAN lapsed 4/11/2025 no current results in binder. CG#4 APS/CAN lapsed 2/21/2025 no current results in binder.



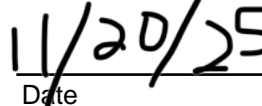
Compliance Manager



Primary Care Giver



Date



Date