

# Foster Family Home - Deficiency Report

Provider ID: 1-170083

Home Name: Kristine May Anloague, NA

Review ID: 1-170083-16

94-1111 Hoomakoa Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 3/24/2026

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

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

Comment:

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

42.(a)(1)-Client #2 1147 expired on 3/1/2026.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/24/2026)

## 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) sex offender checks for caregiver # 1, caregiver #2, caregiver #3 ,and household member #1 all expired 8/24/2025 with no current results in the binder.

8.(a).2) APS/CAN for HHM #1 lapsed on 2/24/25 and was done on 11/5/25

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

41.(b)(5)(C)(i) Have a valid driver's license;

Comment:

41.(b)(5)(C)(i) Caregiver number 2 driver's license expired 9/2/2025

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(C).(3) Upon arrival for the annual inspection CTA observed client number 2 in a wheel chair in the living room , without a CG present. CG#2 was upstairs taking a shower. Client #2 service plan indicated client should have a call bell available to request assistance. Client #2 did not have access to a call bell while in the living room. Lack of a call system and unavailability of the caregiver places the client at risk for harm

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

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Comment:


54.(C).(5) Medication discrepancy for Client #1. Medication Administration record did not match MD order and medication bottle for Omeprazole.



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

03/24/26

\_\_\_\_\_  
Date

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

03/24/26

\_\_\_\_\_  
Date

CTA RN Compliance Manager: Deborah Baumgart

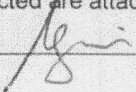
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Kristine May Anloague  
(PLEASE PRINT)

CCFFH Address: 94-1111 Hoomakoa st. Waipahu HI 96797  
(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?
42.(a)(1)	CG#1 Called the CMA to ask for the updated 1147 and place it in the Client #2 binder.	3/26/2026	CG#1 will set a reminder on her phone 2 months before the expiration date to ensure that all the document's will be updated before it expired.
8.(a)(1)	CG#1, CG#2, CG#3 and HHM#1 took an updated sex offender and placed it in CCFFH binder.	3/24/2026	CG#1 will ensure that sex offender is taken every year and will also ensure that all her substitute's and HHM are also taken. and will put a calendar reminder 1 month before it expires to avoid compliance.
8.(a)(2)	Lapsed cannot be corrected.	3/26/2026	CG#1 will place a reminder 2 months before the expiration of APS/CAN of HHM and all SCG to prevent lapsed.
41.(b)(5)(c) i	CG#1 make a copy of CG#2 updated Driver's license and place it in the CCFFH binder.	3/26/2026	CG#1 will put a note on my cellphone 6 months before our ID's expire and CG#1 will make sure that all the identification for CG and SCG is updated every year to prevent it from expiring.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3-26-26

CTA has reviewed all corrected items

CTA RN Compliance Manager: Deborah Baumgart


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

PCG's Name on CCFFH Certificate: Kristine May Anloague  
(PLEASE PRINT)

CCFFH Address: 94-1111 Hoomakoa st. Waipahu HI 96797  
(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?
43.(c)(3)	CG#1 place a call bell beside the Client#2.	3/26/2026	CG#1 will make sure that all SCG is done with daily needs before leaving the clients in their care and make sure they always have their call bell all the time.
54.(c)(5)	CG#1 Ask MD for a copy of the correct order for client#1 medication.	3/26/2026	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving the medication. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 03/29/2026

CTA has reviewed all corrected items