

Foster Family Home - Deficiency Report

Provider ID: 1-160024

Home Name: Mark Jara, CNA

Review ID: 1-160024-19

94-1087 Kuhaulua Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 12/1/2025

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 12/01/2025)

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)-lapse in background check present in record. APS/CAN was due on or before 7/21/2025 for CG#1. It was done on 8/31/2025.



Compliance Manager
Date 12/1/25



Primary Care Giver
Date 12/1/25

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: Mark Louie Jara
(PLEASE PRINT)

CCFFH Address: 94-1087 Kuhaulua St. Waipahu, Hawaii 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?
8.a.2	Lapse cannot be corrected	12/02/25	Home understand the APS, CAN check requirements. Home will be using cellphone calendar, Computer lap top calendar and calendar to hang in the wall to input all due dates prevent any future lapses.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/02/2025

CTA has reviewed all corrected items