

Foster Family Home - Deficiency Report

Provider ID: 1-250085

Home Name: Mhaya Frances De Jesus, NA

Review ID: 1-250085-1

91-945 Ololani Street

Reviewer: David Ayling

Ewa Beach

HI 96706

Begin Date: 11/14/2025

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/14/25.

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)(2) - HHM #1, HHM #2, and HHM #3 need current APS/CAN and fingerprints from fieldprint.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:


41.(b)(5) - CG #1 needs current auto insurance.


Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:


Comment:


50.(a) - CG #2 needs to read and sign the emergency management policies and procedures.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: David Ayling, RN

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

PCG's Name on CCFFH Certificate: Mhaya Frances De Jesus
(PLEASE PRINT)

CCFFH Address: 91-945 Ololani St. Ewa Beach, HI 96706
(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?
8a(1)(2)	I received current APS/CAN and Fieldprints from HHM #1, #2, #3. I put the results in my CCFFH binder.		HHM's are waiting on Fieldprint results. I will implement a digital reminder/calendar system that will track background-check due dates. The system will send alerts a month before each deadline. I will also review the documents monthly to ensure all checks are submitted and completed on time.
41(b)(5)	I received a current auto insurance policy from State Farm with myself added as a driver.	11/17/25	I will maintain an updated driver roster and review it monthly. Any new or removed drivers will be reported to our insurance agent immediately to ensure the policy stays current.
50(a)	I had my SCG read and sign my Emergency Preparedness Plan.	11/20/25	I will create an onboarding checklist that includes reading and signing the Emergency Preparedness Plan. No SCG will be approved until the checklist is completed and their signed acknowledgment is in their file.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/03/25

CTA has reviewed all corrected items