

Foster Family Home - Deficiency Report

Provider ID: 2-100047

Home Name: Sosima Sonson, CNA

Review ID: 2-100047-18

74-5038 Huaala Street

Reviewer: Deborah Baumgart

Kailua-Kona HI 96740

Begin Date: 3/25/2026

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 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 03/25/2026)

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)-Client#1 Medication Administration Record last signed 3/17/2026

Client#2 Medication Administration Record last signed 3/17/2026

Client#3 Medication Administration Record last signed 3/17/2026



Compliance Manager

X _____
Primary Care Giver



Date


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: sosima sonson
(PLEASE PRINT)

CCFFH Address: 74-5038 Huaa'la Street Kailua Kona Hi, 96740
(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?
54.(c)(5)	Deficiency/Lapse cannot be corrected. Daily documentation of Medication administration record was updated and place in Client # 1, Client # 2 and Client # 3 binder.	3/25/26	Reminders should be written in a calendar. Post it and sticked in the wall or in front of refrigerator door the needed task in giving medications to prevent from happening again in the future.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 3/25/26

CTA has reviewed all corrected items