

# Foster Family Home - Deficiency Report

Provider ID: 1-180045

Home Name: Cherry Fiesta, CNA

Review ID: 1-180045-16

94-777 Kaaka Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/24/2026

## 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 inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 4/24/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#1, #2, and #3.  
CG#1 State Name Check (eCrim) was due on or before 1/10/2025 and was completed on 1/14/2025.  
CG#2 State Name Check (eCrim) was due on or before 3/7/2025 and was completed on 4/4/2025  
CG#3 State Name Check (eCrim) was due on or before 3/6/2026 and was completed on 3/8/2026.

Compliance Manager

Primary Care Giver

Date

Date