

Foster Family Home - Deficiency Report

Provider ID: 1-250038

Home Name: Florentina Penera, CNA

Review ID: 1-250038-3

91-980 Ololani Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 4/27/2026

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days. (inspection date: 4/27/2026).

Foster Family Home Physical Environment [11-800-49]


49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No evidence present in client records of signed written consent/acknowledgment by client/representative of use of camera/monitor in client bedroom for client #1 and #2.



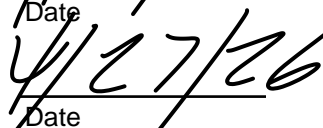
Compliance Manager



Primary Care Giver



Date



Date