

Foster Family Home - Deficiency Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-19

45-357 Lehuuila Street

Reviewer: Deborah Baumgart

Kaneohe HI 96744

Begin Date: 4/21/2026

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 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 10 business days of inspection (issued on 04/21/2026)

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;

Comment:

8.(a)(1)-CG# 1, CG#2, CG#3, and CG#4 Ecrim lapsed 3/26/2026 and was 3/29/2026.



Compliance Manager



Primary Care Giver

4/21/26
Date
4/21/26
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: Glenna McCabe
(PLEASE PRINT)

CCFFH Address: 45.357 Lehuuila St. Kaneohe, HI 96744
(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)(v)	E-crim lapsed and can't be corrected. CG #1, CG #2, CG #3 and CG #4.	4/21/26	Home will use a book calendar and put dates that E-crim is due. Two weeks before due date.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 4/21/26

CTA has reviewed all corrected items