

# Foster Family Home - Deficiency Report

Provider ID: 1-210053

Home Name: Lovie Mazon, CNA

Review ID: 1-210053-14

94-182 Kupuna Loop

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 4/17/2026

## 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 4/17/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

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(a)(2) APS/CAN checks were lapsed for CG#2 and HHM#1  
CG#2 APS/CAN was due on or before 4/18/2025 and was completed on 6/17/2025.  
CG#4 APS/CAN was due on or before 4/13/2025 and was completed on 1/12/2026.

8(c) State Name Check (eCrim) was lapsed for HHM#1. State Name Check (eCrim) was due on or before 4/17/2025 and was completed on 1/6/2026.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No fire drill was conducted or documentation present for February and March 2026.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

4/17/26

4/17/20

CTA RN Compliance Manager: Po Lim

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

CG's Name on CCFFH Certificate: Lovie Mazon  
(PLEASE PRINT)

CCFFH Address: 94-182 Kupuna Loop Waipahu, HI 96797  
(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)(2)	Lapse cannot be corrected	4/22/2026	I will make sure to mark my calendar when it almost time to renew the APS/CAN atleast 2 weeks before the expiration.
8.(c)	Lapse cannot be corrected	4/22/2026	I will make sure to mark my calendar when it almost time to renew the ECRIM atleast 2 weeks before the expiration.
46.(a)	Lapse cannot corrected	4/22/2026	I will make sure to set a monthy alarm on my phone to conduct a fire drill to prevent from happening it again.

All items that were corrected are attached to this POC

PCG's Signature: *L Mazon*

Date: 4/23/26

CTA has reviewed all corrected items