Foster Family Home - Deficiency Report

Provider ID:	**1-613837**		
Home Name:	**Aprilyn Pascual, CNA**	**Review ID:**	**1-613837-18**
91-946 Ahona Street		Reviewer:	Nicole Landes
Ewa Beach HI 96706		Begin Date:	5/15/2026

Foster Family Home **Required Certificate** **[11-800-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

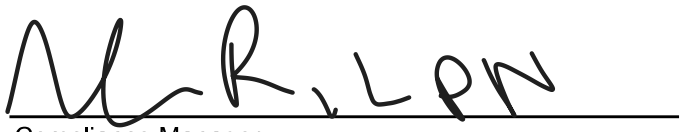
6.d.1- Unannounced annual inspection made.
Deficiency report issued during CCFFH inspection with the POC due to CTA within 10 business days of inspection (issued on 05/15/26)

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;

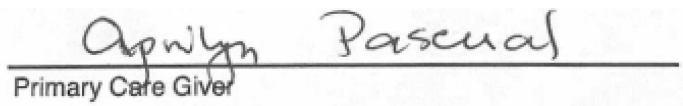
Comment:

8.a.1 Cg#1, CG#2,CG#3,CG#4, AND CG#5 Sex offender checks all Incorrect. Need to remove parameters for milage, address, and city.



Compliance Manager

05/20/26
Date



Primary Care Giver

5/20/26
Date

CTA RN Compliance Manager: Nicole Landes

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

PCG's Name on CCFFH Certificate: Aprilyn Pascual
(PLEASE PRINT)

CCFFH Address: 91-946 Ahona Street, Ewa Beach, HI 96706
(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?
§ 9 1	Current sex offender registry obtained for CG#1, CG#2 CG#3, CG#4 and CG#5. Document filed in home binder.	5/15/24	CG#1 will use a spread sheet on laptop to identify all the requirements for sex offender checks to be done 3 weeks before due date.

☑ All items that were corrected are attached to this POC

PCG's Signature: [signature] Date: 5/20/24

☑ CTA has reviewed all corrected items

101821 S. Young