Foster Family Home - Deficiency Report

Provider ID:	**1-589682**		
Home Name:	**Cecilia Supnet, CNA**	**Review ID:**	**1-589682-13**
94-1174 Heahea Street		Reviewer:	Maribel Nakamine
Waipahu HI 96797		Begin Date:	6/1/2026

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 made for a 3-bed recertification.

Deficiency Report issued during CCFFH inspection with plan of correction to CTA within 10 business days (issued on 6/1/26).

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)- Ecrim expired for CG#3 on 3/20/26 no current result was present.

Foster Family Home **Personnel and Staffing** **[11-800-41]**

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance expired on 12/17/25 and no current result was present.

Foster Family Home **Records** **[11-800-54]**

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Client #1, Client #2, and Client #3's Medication Administration Records (MARs) were last signed on 3/8/26. No monthly MARs for all clients for April 2026, May 2026, and June 2026.

Maribel Nakamine, RN 6/1/26

Compliance Manager Date

6/1/26

Primary Care Giver Date