

Foster Family Home - Deficiency Report

Provider ID: 2-210016

Home Name: Rosejean Villahermoza, CNA

Review ID: 2-210016-3

29 W. Naauao Place

Reviewer: David Ayling

Hilo

HI 96720

Begin Date: 4/29/2022

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 5/27/22.

Foster Family Home

Background Checks

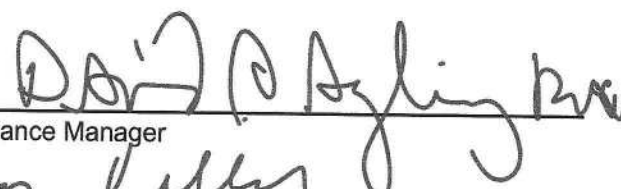
[11-800-8]

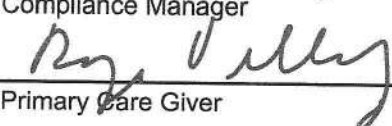
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

Comment:

8.(a)(1)(2) - APS/CAN and fingerprints expired on [REDACTED] for CG #1 and on [REDACTED] for CG #2 and HHM #1.


Compliance Manager


Primary Care Giver

4/29/2022
Date

4/29/2022
Date

CTA RN Compliance Manager:

David Ayling

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate:

Rosejean Villahermosa

CCFFH Address:

29 W. Naauao St. Hilo, Hawaii 96720
(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)(1)(2)	I received current Aps/can and fingerprints from CG [redacted], CG [redacted] and HHM #1. I put the results in my CCFFH binder	5/4/22	I put the expiration dates for Aps/CAN and finger print (Crim) for all CG-1's, HHM on my phone calendar I set the reminder for 1 month prior to expiration.

All items that were fixed are attached to this CAP

PCG's Signature:

Rosejean Villahermosa

Date: 5/4/22

CTA has reviewed all corrected items