

# Foster Family Home - Deficiency Report

**Provider ID:** 1-200039

**Home Name:** Villamore Ibero, NA

**Review ID:** 1-200039-11

99-447 Paihi Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 8/1/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Client#1 has an expired form 1147 on 11/15/2024. No new on file.

Deficiency Report issued during CCFFH inspection via email on 8/1/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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)(1) Sex Offender check are not present for CG#1, CG#2, and HHM#1.

8(a)(2) APS/CAN checks were overdue for CG#2.  
APS/CAN was due on or before 3/29/2025 and was not present in the CCFFH file.

8(c) State Name Check (eCrim) was overdue/lapsed for CG#2. State Name Check (eCrim) was due on or before 3/29/2025 and was not present in the CCFFH file.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

41.(a)(2) Be a NA, an LPN, or RN;

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41(a)(2) CG#2 has a expired CNA license on 8/31/2023. Not present on file.  
CNA Prometric registry check are not present for CG#2.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2 and HHM#1.  
CG#2 TB clearance expired, was due on/before 2/15/2023.  
HHM#1 TB clearance expired, was due on/before 8/11/2023.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG#2. It was due on/before 3/25/2023.

## 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 5/2025. No fire drill documentation present for June 2025 and July 2025.

46.(b)(2)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2025.

## Foster Family Home

## Records

[11-800-54]


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

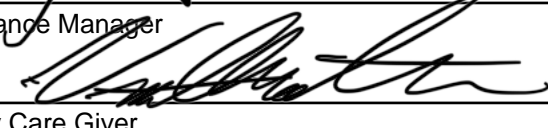
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

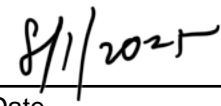
Comment:

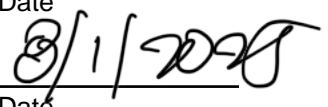
54(c)(2) No current service plan present for Client#1. Last one in record is dated 6/28/2024.

54(c)(6) Client#1 did not have evidence of RN monthly visit notes for June 2025.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date