

Foster Family Home - Deficiency Report

Provider ID: 1-160076

Home Name: Wilma Cervania, CNA

Review ID: 1-160076-18

91-541 Onelua Street

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 7/28/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/28/2025).

6.(d)(1): No documentation present in client records of current 1147 assessment for client #3.

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): No evidence present in CCFFH records of sex offender registry search for HHM#2.

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:



49.(b)(3): No documentation present in client records of written consent/acknowledgement by client/representative of use of camera/monitor in client's bedroom for client #3.

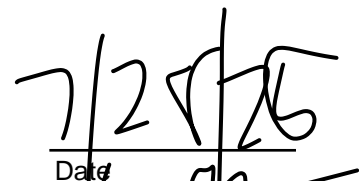

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env.: No documentation present in client records of written agreement by client/representative of living in a shared bedroom for client #3.


Compliance Manager

Primary Care Giver


Date

Date
7/28/2025 11:08:43 AM

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: WILMA T. CERVANIA

(PLEASE PRINT)

CCFFH Address: 91-541 ONELUA ST. 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?
6.(d)(1)	Inform CM to send client #3 the current 1147. Home will place to client binder.	8/4/25	Home will use a post-it note and inform the CM Nurse to update document 1147. Home will file 1147 under service plan. Put checklist reminder to prevent missing document in the future.
8.(a)(1)	Obtained Sex Offender results present in home binder for HHM#2.	8/4/25	Home will place a checklist and also check the website for new updates regarding sex offender registry for adult HHM. To avoid missing requirements in the future.
49.(b)(3)	Notified client #3 POA regarding camera/monitor to signed consent form and placed it into the client binder.	8/4/25	To prevent this from happening again. Home will notify client POA to sign the consent form before putting any device inside the clients room.
(3p).(a)(1)	Informed POA to sign the written agreement for the shared room and placed it in the clients binder.	8/4/25	Home will make a checklist to ensure all requirements is done and signed by the POA. It will not happen again in the future.

☒ All items that were corrected are attached to this POC

PCG's Signature: WTCervania

Date: 8/4/25

☒ CTA has reviewed all corrected items