

# Foster Family Home - Deficiency Report

Provider ID: 1-240085

Home Name: Flordeliza Bonilla, NA

Review ID: 1-240085-3

2211 Kalihi Street

Reviewer: Ryan Nakamura

Honolulu HI 96819

Begin Date: 8/7/2025

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 8/7/2025).

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

Comment:

8.(a)(1)(2): No evidence present in CCFFH records of 2nd set of background checks for CG#1, HHM#1, and HHM#2. APS/CAN and ecrim/fingerprint clearance was due by 6/5/2025 for CG#1, 7/29/2025 for HHM#1 and HHM#2.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality/privacy training completed by HHM#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(8): No evidence present of current bloodborne pathogen for CG#2. Training was due by 4/18/2025.

41.(c): No evidence present in CCFFH records of minimum 12 hours of annual in-service training was met in 2024 for CG#1. 8 hours of present in CCFFH records.

41.(f)(1): Evidence present in CCFFH records of TB clearance was not signed by MD/APRN/DO/NP for HHM#2.

No evidence present in CCFFH records of current TB clearance for 2 minor HHM.

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## Foster Family Home

## Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations for eye drop medication administration by client #1's case management agency for CG#1 and CG#2.

## Foster Family Home

## Grievance

[11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No evidence presents in client records of client #1 received information of grievance policies and procedures. No documentation present of signed acknowledgement by client or client's representative present in client's records.

## 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.

Comment:

46.(a): No evidence present in CCFFH records of any fire drills were conducted.

## Foster Family Home

## Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

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.

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

## Foster Family Home

## Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence present in client records of client's rights were provided to client #1.



Compliance Manager



Primary Care Giver

8/7/25  
Date  
8/7/25  
Date

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: Flordeliza Bonilla

(PLEASE PRINT)

CCFFH Address: 2211 Kalihi st Honolulu Hi 96819

(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)	CG#1, HHM#1 and HHM#2 eCrim was obtained and placed into CCFFH Binder. But waiting for their APS/CAN result. Will place it in binder as soon as we get it.	8/12/2025	PCG will use calendar and cellphone that will be a reminder to complete paperwork's on time.
16.(b)(5)	The missing documentation for HHM#1 confidentiality/ privacy training was updated and signed by HHM#1	8/8/2025	All Staff member of the CCFFH documents will be completed and filed immediately, upon completions set a tracking system that will monitor and ensure each house hold member to complete their training on time
41.(b)(8)	Sent CG#2 to get the blood borne pathogen certificate. Completed it and placed it in the CCFFH binder	8/11/2025	Have set a reminder on PCG cellphone and home calendar 2 months before the expiration date
41.(c)	Lapse can not be corrected	8/8/2025	Home will set a wall calendar to put the dates of inservice for CG#1=12 hours, CG#2=8 hours
41.(f)(1)	Went to lanakila to get new tb clearance and waiting for result. For HHM #2, CG#1 obtain a TB Clearance for 2 HHM minor.	8/21/2025	CG#1 will mark home calendar and set a reminder on all staff member cellphone for all CGs and HHMs when TB is due. Set one month before to ensure the clearance will not expire

☒ All items that were corrected are attached to this POC

PCG's Signature: Flordeliza Bonilla

Date: 8/25/2025

☒ CTA has reviewed all corrected items



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

PCG's Name on CCFFH Certificate: Flordeliza Bonilla

(PLEASE PRINT)

CCFFH Address: 2211 Kalihi st Honolulu HI 96819

(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?
43(c)(3)	CG#1 and CG#2 has been delegated and signed by CMA RN for eye drop medication for client #1	8/12/2025	CCFFH will notify clients CMA that RN delegation needs to be done immediately when there is new care ordered for the client from the physician. CCFFH will take note that will be recorded on a book reminder on the physicians order to ask for RN delegation
45(1)(2)(3)	On 8/12/2025 printed out the grievance policies and pressures and the right to appeal in the grievance situation. Reviewed it with the client #1 and clients legal representative. Documentation was signed by client #1 and the legal representative. And placed in the client #1 binder	8/13/2025	From this point forward he CCFFH will take notes on a book reminder for what documentation will need to be signed and reviewed for the clients and their legal representatives.
46(a)	Fire drill was initiated and done by PCG and SCG. Form has been placed into home CCFFH binder.	8/12/2025	Schedule a monthly fire drills under varied conditions and different times of the day to ensure readiness. Will maintain fire drill log book. Will also set reminder on cellular.
52(a)(b)(c)	Got the current bank statement for month of August 2025. And placed it in the CCFFH binder	8/13/2025	Will set a reminder that a new/current bank statement needs to be placed in CCFFH binder immediately.
53(a)	Have printed out the written policies and procedures regarding the rights of the client during the clients stay in the home. We went over with the client #1 and the legal representative. And placed it in the client #1 binder.	8/13/2025	From this point forward CCFFH will take notes on a book reminder for what documentation will need to be signed and reviewed for the clients and their legal representatives.

☒ All items that were corrected are attached to this POC

PCG's Signature: Flordeliza Bonilla

Date: 8/25/2025

☒ CTA has reviewed all corrected items