

# Foster Family Home - Deficiency Report

Provider ID: 2-210016

Home Name: Rosejean Villahermoza, CNA

Review ID: 2-210016-9

29 W. Naauao Place

Reviewer: Ryan Nakamura

Hilo

HI 96720

Begin Date: 7/3/2025

## 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 2 bed CCFFH recertification. Report issued via email on 7/7/2025 with written plan of correction due to CTA within 30 days.

6.(d)(1): No documentation present in client records of current 1147 assessment for client #1 and #2.

## 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): No evidence present in CCFFH records of criminal background checks (ecrim or fingerprint) for CG#1.

8.(a)(1): No evidence present in CCFFH records of sex offender registry searches conducted for CG#1, CG#2, HHM#1, and HHM#2.

8.(a)(1)(2): No evidence present in CCFFH records of any sets of finger background checks in consecutive years for CG#1 and no second set of background checks (APS, CAN, and ecrim/fingerprint) for CG#2, HHM#1, and HHM#2. second set of background checks were due by 5/16/2025 for CG#2 and 5/14/2025 for HHM#1 and HHM#2.

## Foster Family Home

## Information Confidentiality

[11-800-16]

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 were completed by HHM#1 and HHM#2.

# 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.

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) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA Prometric registry check for CG#1.

41.(b)(7): CTA unable to determine if lapse occurred regarding TB clearance for CG#1 and CG#2. No prior documentation prior to 5/23/2025 for CG#1 and 6/04/2025 for CG#2.

41.(b)(8): CTA unable to determine if lapse occurred regarding first aid/CPR training for CG#1 and CG#2. No prior documentation prior to 1/16/2025 for CG#1 and CG#2.

41.(b)(8): Evidence of lapse of bloodborne pathogen/infection control training for CG#1 and CG#2. Training was due by 4/19/2024 and completed 1/14/2025 for CG#1 and CG#2.

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

41.(f)(1): No evidence present in CCFFH records of current TB clearance for HHM#1, HHM#2, and HHM minor. TB clearance was due by 6/15/2025 for HHM#1 and 5/3/2024 for HHM#2. No previous documents present for HHM minor.

41.(g): No documentation present in client records of basic caregiver skills were checked by client #1 or #2's case management agency.

**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 documentation present in client records of RN delegations for topical, eye, and oral medication administration by client #2's case management agency for CG#1 and CG#2.

# Foster Family Home - Deficiency Report

## 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): No evidence present in CCFFH records of fire drills conducted in the months of 04/2024 to 12/2024, 5/2025, and 6/2025.

46.(b)(2): CG#2 did not conduct a fire drill in the past 12 months.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c): No evidence in client records of list of side effects for current medications for client #1 and #2.

47.(d)(1): No evidence present in client records for physician order of use of side rails for client #2.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(2) Be limited to two clients, both of whom shall consent to the arrangement; and

Comment:

49.(b)(2): No documentation present of written consent of living in a shared room with another client for client #1 and #2.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:

50.(e)(1): CTA unable to conduct effectively review due to all previous documents were removed and CTA unable to determine if lapses occurred and verify consecutive years of background checks were conducted in CCFFH records. CG#1 stated that old documents were thrown away.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): No evidence present in CCFFH records of CG#1's automobile insurance did not meet minimum requirements of \$100,000 bodily injury damage per person.

# Foster Family Home - Deficiency Report

## 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 CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

## 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)(5) Medication schedule checklist;

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 documentation present in client records of client #1 and #2's current service plan. Last documented service plan dated in client records was 8/01/2024 and due by 2/2025 for client #1 and 7/13/2023 and due by 1/2024 for client #2.

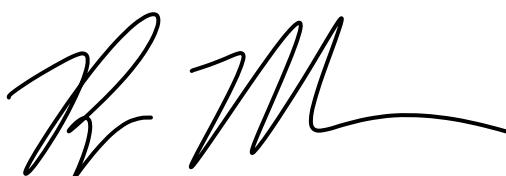
54.(c)(5): No daily documentation present of medication administration for client #1 and client #2. No documentation present from 11/01/2024 to 12/31/2024 for client #1. No documentation present from 4/01-31/2025, 3/20-31/2025, 11/01/2024-12/31/2024 for client #2.

54.(c)(5): Discrepancy noted of Memantine and Vitamin B12 dosage for client #1. Memantine dose was 5mg in client's medication administration record (MAR) and physician order/medication label stated 10mg. Vitamin B12 dose was 250mcg in MAR and physician order/medication label was 500mcg.

54.(c)(5): Discrepancy noted of Quetiapine and Vitamin C orders for client #2. Quetiapine order was 25mg PO twice a day in the MAR and physician order/medication label was 25mg PO at bedtime. Vitamin C order was 1000mg PO daily in MAR and physician order/medication label was 500mg PO daily.

54.(c)(6): No daily documentation of skilled nursing/ADL checklist for client #1 and #2. No documentation present from 11/01/2024-12/31/2024 for client #1. No documentation present from 3/20-31/2025, 11/01/2024-12/01/2024, and 09/01-31/2024 for client #2.

54.(c)(6): No documentation noted for daily vital signs monitoring as ordered by client's provider for client #1. Vital signs were documented monthly.



Compliance Manager



Primary Care Giver



Date



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: Rosejean Villahermoza

(PLEASE PRINT)

CCFFH Address: 29 West Naauao Place 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?
6.(d)(1)	1147 assessment for client #1 and #2 placed in client's binder.	8/1/25	Foster Family Home will scan and double check the book at least once a month to check for date and put on calendar all the due dates. Due dates will be done at least 1 week prior before the date to prevent future lapses.
8.(a)(1)	Background checks for CG#1, obtained and placed in client's record.	7/8/25	Foster Family Home will scan and double check the book at least once a month to check for date and put on calendar all the due dates. Due dates will be done at least 1 week prior before the date to prevent future lapses.
8.(a)(1)	Sex Offender Registry was obtained for CG#1, CG#2, HHM#1 and HHM#2 was obtained and placed in client's record.	7/10/25	Foster Family Home will scan and double check the book at least once a month to check for date and put on calendar all the due dates. Due dates will be done at least 1 week prior before the date to prevent future lapses.
8.(a)(1)(2)	Current Finger background checks for CG#1, CG#2, HHM#1, and HHM#2 obtained and placed in client's record.	8/01/25	Foster Family Home will scan and double check the book at least once a month to check for date and put on calendar all the due dates. Due dates will be done at least 1 week prior before the date to prevent future lapses.

 All items that were corrected are attached to this POCPCG's Signature: Ryan NakamuraDate: 08-08-25 CTA has reviewed all corrected items

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: Rosejean Villahermoza

(PLEASE PRINT)

CCFFH Address: 29 west Naauao Place Hilo Hi 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?
41(b)(8)	CG#1 and CG#2 First Aide CPR training current certification placed in binder	7/10/25	FFH will double check the binder at least once a month to check for due dates and put on reminders/ calendar all the due dates. Due dates will be done before the due date to prevent future lapses.
41.(b)(8)	Current CG#1& CG#2 bloodborne pathogen/infection control training for CG#1&CG#2 placed in binder.	7/12/25	FFH will double check the binder at least once a month to check for due dates and put on reminders/ calendar all the due dates. Due dates will be done before the due date to prevent future lapses.
41.(c)	Current 12 hours of annual in service monthly of CG#1 and 8 hrs. annual in-service monthly for CG#1 place in the binder.	7/10/25	FFH will double check the binder at least once a month to check for due dates and put on reminders/ calendar all the due dates. Due dates will be done before the due date to prevent future lapses.
41.(f)(1)	Current TB clearance for HHM#1&HHM#2 HHM minor placed in binder.	7/17/10	FFH will double check the binder at least once a month to check for due dates and put on reminders/ calendar all the due dates. Due dates will be done before the due date to prevent future lapses.

 All items that were corrected are attached to this POCPCG's Signature: Rosejean VillahermozaDate: 08-06-25 CTA has reviewed all corrected items

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: Rosejean Villahermoza

(PLEASE PRINT)

CCFFH Address: 29 west Naauao pl. Hilo HI 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?
41(g)	Basic caregiver skills was done for CG#2 by client #2 CMA and placed in binder.	08/05/25	FFH will notify clients CMA that basic caregiver skills needs to be done within 5 days of a caregiver being added to the home.
43(c)(3)	RN Delegation document found CG#1&CG#2 by client #2 CMA, placed in binder.	8/5/25	FFH will notify clients CMA that RN delegation needs to be done within 5 days as a caregiver being added to the home.
46.(b)(2)	CG#2 conducted fire drill record placed in binder/record.	8/5/25	Monthly drill records will be placed accordingly, monthly drill will be timely conducted monthly with CG#1, CG#2, put into calendar to end lapses.
47.(c)	List of side effects for current medications was obtained for client #1 and #1 placed in client records.	8/5/25	FHH will scan and double check the client's record at least once a month to check for any missing record, will obtain record within 1-3 days.
47.(d)(1)	Side rails for client #2 remove, will request an order for transfer/positioning bar.	7/8/25	FHH will obtain an order from physician for any use of siderails. FHH will scan and double check the client's record at least once a week to check for any missing documents, important documents will be acquired within 1-3 days.
49.(b)(2)	Written consent for living in a shared room with another client obtained for client #1 and #2, placed in client record.	7/28/25	FHH will scan and double check the client's record at least once a month to check for any missing record, will obtain record within 1-3 days.

 All items that were corrected are attached to this POCPCG's Signature: Rosejean VillahermozaDate: 08-06-25 CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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**Chapter 11-800**

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CCFFH Address: 29 West Naauao Place Hilo, Hawaii 96720

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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?
50.(e)(1)	Missing documents can not be corrected.	08/08/25	FFH will keep all previous documents (at least 3 years worth). Documents will be placed in binder available for inspection.
51.(a)(2)	CG#1 automobile insurance change to 100.000 bodily injury damage per person. Insurance copy, placed in CCFFH binder.	7/28/25	FFH will ensure to meet minimum requirements of 100.000 bodily injury damage per person.
52.(a)(b) (c)	Current bank statements receipts of monthly expenses was placed in separate binder.	8/01/25	FFH will scan and double check records at least once a month to check for any missing documents. Missing documents will be placed in binder to avoid lapses.
54.(c)(2)	Current service plan for client #1 dated 02/2025, client #2 dated 1/2025	08/04/25	FFH will scan and double check the client's record at least once a month to check for any missing documents and due dates. Due dates will be put into calendar and will be done at least one week prior before to prevent future lapses.
54.(c)(5)	Daily medication documentation administration for client #1 from 11/01/24 - 12/31/24 found. Client #2, 4/01/25 - 4/31/25, 11/01 - 12/3/24 3/20/25 - 3/31/25 found and placed in client's record.	7/10/25	FFH will scan and double check the client's record at least once a month to check for any missing documents. Keep daily medication documentation administration in client's record.

 All items that were corrected are attached to this POCPCG's Signature: Rose VillahermozaDate: 08-06-25 CTA has reviewed all corrected items

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: Rosejean Villahermoza

(PLEASE PRINT)

CCFFH Address: 29 West Naauao Place 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?
54.(c)(5)	Daily medication documentation administration for client #1 : Memantine and Vit. B12 dosage corrected.	07/07/25	FFH will scan and double check client's documents order once a week for any discrepancy, FFH to make sure Physician order medication bottles and MAR match to avoid error.
54.(c)(5)	Medication Administration record for client #2 : Quetiapine and Vitamin C dosage corrected.	07/07/25	FFH will scan and double check client's documents order once a week for any discrepancy, FFH to make sure Physician order medication bottles and MAR match to avoid error.
54.(c)(6)	Client #1 skilled nursing ADL checklist, 11/31/24 - 12/31/24 found and placed into client's record. Client #2 skilled nursing ADL checklist, 3/20 - 3/25, 11/1/24 - 12/1/24 found and placed into client's record.	07/09/25	FFH will document the daily activities on a certain time of the day and place the charting in client's record
54.(c)(6)	Current V/S record for client #1, starting 7/7/25, placed into client's record.	07/07/25	FFH will scan and double check the client's record once a week to check for any missing records. FFH will document the daily V/S as ordered by the client's provider and place into client's record.

 All items that were corrected are attached to this POCPCG's Signature: Rosejean VillahermozaDate: 08-06-25 CTA has reviewed all corrected items

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: Rosejean Villahermoza  
 (PLEASE PRINT)

CCFFH Address: 29 Naauao Place Hilo, HI 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?
16.(b)(5)	Confidentiality/privacy for HHM#1 and HHM#2 placed in client's records.	8/01/25	FFH will double check the binder at least once a month to check for missing documents.
41.(a)(2)	CG#1 CNA Prometric Certificate placed in binder for records.	7/25/25	FFH will double check the binder at least once a month to check for missing documents.
41.(b)(7)	TB clearance for CG#1 dated 4/16/24 and CG#2 dated 4/9/24 was placed in binder for records.	7/8/25	FFH will double check the binder at least once a month to check for missing documents.
46.(a)	Fire drill for the months of 04/2024 to 12/2024, 05/2025 and 6/2025 found and placed in binder for records.	7/8/25	FFH will double check the binder at least once a month to check for missing documents.

All items that were corrected are attached to this POC

PCG's Signature: Rosejean Villahermoza

Date: 08-18-25

CTA has reviewed all corrected items