

Foster Family Home - Deficiency Report

Provider ID: 1-200048

Home Name: Clarabelle A. Vallo, NA

Review ID: 1-200048-11

91-1142 Haiano Place

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 10/23/2025

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 during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/23/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1. 1147 assessment present in client records expired 1/13/2025.

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 sex offender registry searches for CG#1, CG#2, CG#3, and CG#4.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#1. APS/CAN clearance was due by 10/26/2024 for CG#1.

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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): No evidence present in CCFFH records of CNA registry check for CG#4.

41.(b)(7): No evidence present in CCFFH records of TB clearance for CG#3. TB clearance was due by 10/08/2024.

Evidence of lapse present in CCFFH records of TB clearance for CG#4. TB clearance was due by 10/18/2024 and completed 9/8/2025.

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen for CG#1 and CG#2. Training was due by 1/4/2025 for both caregivers.

Evidence of lapse present in CCFFH records of bloodborne pathogen training for CG#3. Training was due by 1/4/2025 and completed 8/10/2025.

41.(c): No evidence present in CCFFH records of minimum 12 hours in-service training met in 2024 for CG#1 and minimum 8 hours in-service training met in 2024 for CG#2, CG#3, and CG#4. No certificates present in CCFFH 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): All fire drills in the past 12 months were conducted at the same time of day. Fire drills must be conducted at different times of the day, evening, and night.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): No evidence present in CCFFH records that automobile insurance met minimum \$100,000 bodily injury per person.

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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;
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #1. Last service plan present was dated 11/09/2024 and due by 5/2025.

54.(c)(5): Discrepancies noted in client #1's medication administrative record for Carvedilol, Levetiracetam, and Hydralazine compared to physician order/medication label. Carvedilol on MAR stated 12.5mg 1 tablet by mouth twice a day but physician order is 6.25mg 1 tablet by mouth twice a day. Hydralazine on MAR stated 25mg 1 tablet by mouth four times a day but physician order is 50mg 1 tablet by mouth four times a day. Levetiracetam on MAR stated 500mg take 7.5ml by mouth twice a day but physician order/medication label is take 1 tablet by mouth twice per day.

54.(c)(6): No evidence present in client records of RN/SW monthly visit by client #1's case management agency for month of 3/2025.


54.(c)(8): No evidence present in client records of inventory of personal belongings for client #1.



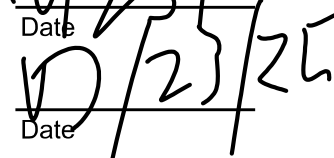
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura, RN


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

PCG's Name on CCFFH Certificate: Clarabelle A. Vallo
(PLEASE PRINT)

CCFFH Address: 91-1142 Haiano PI 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)	Renewed LOC (Level Of Care, and at risk evaluation form) for client #1. Re certify to prove my client qualifies for Medicaid services. Now present in binder	11/01/25	<p>Recertification being taken care of before the expiration date. Communicating with my case management agency, to reinsure my documents are all up to date. Being consistent in updating my paper work.</p> <p>Making sure all required documents are in binder, keeping up with updates regarding sex offender registry for all CG's and household members.</p> <p>Making APS/CAN yearly appointments before expiration date. Being aware of all CG's requirements in binder and double checking their always up to date and valid. Making sure all required copies of my CG's certificates are in binder. Double checking and making a checklist of what each CG needs in my binder</p> <p>Making sure TB test are done yearly before expiration date of my current documents. Making sure appts are made in advanced and planned so no mishaps occur.</p>
8.(a)(1)	Sex offender results present in binder. For CG #1,2,3,4	11/04/25	
8.(a)(2)	APS/CAN for CG#1 was taken care of, Appointment made and paid for feb 3 (next available appt)	1/27/26	
41.(a)(2)	Added CNA Registry copy of certificate into binder of CG#4	11/17/25	
41.(b)(7)	CG#3 went to take TB test and have record of negative test in binder now.		

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/30/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Clarabelle Vallo
(PLEASE PRINT)

CCFFH Address: 91-1142 Haiano PI, Ewa Beach HI 96706
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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?
41.(b)(8)	CPR and first aid obtained and documentation of blood pathogen for CG #1#2 completed. Added to binder	11/26/25	PCG will make a calendar to mark due dates to prevent any future expirations on important trainings, documents, etc
41.(c)	12 hour in service training was done and completed by CG#1. 8 hour in service training by CG #2,3,4. Completed and added service log into binder in correct area. It was in wrong area in binder.	11/26/25	Reminding CG's Importance of logging down and documenting in service training, reminding them to sign of when done. Making calendar and planning in advance for each CG to complete in service trains to prevent missing logs in binder.
46.(a)	Conducted a late evening/ early night fire drill.	11/07/25	To prevent fire drills being held at the same time of day, have 3 planned throughout the year. Morning, afternoon, and night. To ensure good practice in case of an emergency.
51.(a)(2)	Automobile insurance added into binder showing bodily injury minimum met per person.	01/24/26	Keeping up with CTA document requirements. Checking in with case management to make sure my binder is up to date and has all requirements all year long.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/30/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura, RN

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

PCG's Name on CCFFH Certificate: Clarabelle Vallo
(PLEASE PRINT)

CCFFH Address: 91-1142 Haiano PI, 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?
54.(c)(2)	Added current service plan for client #1 into binder	11/08/25	Checking due dates and making sure everything is up to date. Going over binder and requirements for each client each month.
54.(c)(5)	Corrected the medical logs. Added dr form of medicine dosages	11/08/25	Double checking to make sure the medical logs are correct and accurate to doctors orders and what client is taking. Making sure everything is correct
54.(c)(6)	Added proof of RN/SW monthly visit on 3/25 to binder records	11/08/25	Adding each visit each time it happens during each visit to my binder. rather than updating my binder the week of or day after the meeting was taken place, to avoid any forgotten paperwork.
54.(c)(8)	Added list of clients inventory and Personal belongings	11/09/25	Always keeping this list in binder and updating it as needed.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/30/2026

CTA has reviewed all corrected items