

Foster Family Home - Deficiency Report

Provider ID: 1-250010

Home Name: Janella Bonilla, RN

Review ID: 1-250010-3

94-313 Kahuawai Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/15/2025

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/15/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).


Comment:

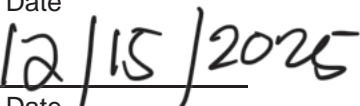
41.b.4 No disclosure form present for CG#3.



Compliance Manager


Primary Care Giver



Date


Date

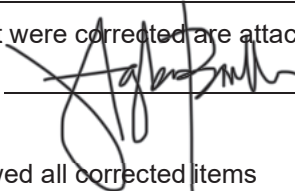
CTA RN Compliance Manager: PO LIM. RN

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

PCG's Name on CCFFH Certificate: Janella Bonilla, RN.
(PLEASE PRINT)

CCFFH Address: 4314 Keaka Dr. Honolulu, HI. 96818
(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)	I provided confidentiality policies and procedures training and client privacy rights training to CG#3. I reviewed with CG#3 the ccffh confidentiality policy, privacy expectation, and the importance of protecting client information. CG#3 signed and dated the confidentiality training acknowledgement form. I placed the signed documentation into CG#3	01/13/2026	I will maintain a caregiver training checklist and training log for all caregivers in the home. All new caregivers will complete confidentiality policies and client privacy rights training prior to working in the home and providing direct care. I will review all caregiver training files monthly to ensure all required documentation is completed and up to date.
41.(b)(4)	I reviewed the psychosocial assessment disclosure requirement with CG#3 and ensured the required disclosure form was completed. CG#3 reviewed and signed the disclosure form. I placed the signed disclosure form into the CG#3 personnel record and verified that the documentation is available for CTA review	01/12/3/2026	I will maintain a caregiver personnel checklist to ensure all required documents are completed for each caregiver, including the disclosure form. Prior to adding any new caregiver to the home, I will verify all required documentation is completed. I will also conduct quarterly audits of caregiver personnel files to ensure all documents remain completed and up to date.

All items that were corrected are attached to this POC
PCG's Signature: 

Date: ~~02/17/26~~ 02/17/26

CTA has reviewed all corrected items