

Foster Family Home - Deficiency Report

Provider ID: 2-510786

Home Name: Jayvie Sumoba, CNA

Review ID: 2-510786-18

15-1535 18th Avenue

Reviewer: Po Lim

Kea'au HI 96749

Begin Date: 9/30/2025

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 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 9/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) Fingerprint was overdue/lapsed for CG#3.
Second Fingerprint check is not present for CG#3.

8(a)(2) APS/CAN checks were overdue for CG#1 and CG#2. APS/CAN receipt was on 10/16/2023. Only the receipts present in the files and NO results present.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

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).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41(a)(3) No job experience form present for CG#2.

41.b.4. No current disclosure form present for CG#1. Undisclosed HHMs move in a month ago.
No disclosure present for CG#3.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance expired on 7/13/2025. CG#3 TB clearance was not signed by a provider. CG#3 TB was not recorded on the state standard form.

Foster Family Home - Deficiency Report

3 Person Fire Safety,
Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night


(3P)(b)(4) Fire shall include testing of smoke detectors

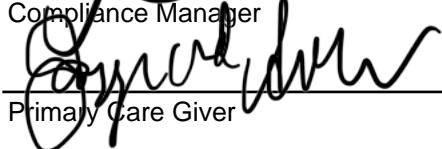
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

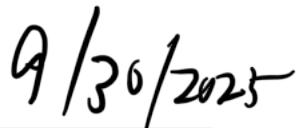
(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

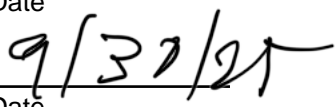
CCFFH missing August fire drill. Last drill was on 7/3/2025.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Terry Van Houten RN

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

PCG's Name on CCFFH Certificate: Jayvie Sumoba
(PLEASE PRINT)

CCFFH Address: HCR, Box 5478, Keokuk, IA 51679 mailing address
15-1535, 18th Avenue, Keokuk, IA 51679 (PLEASE PRINT) physical address

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)(6)	Lapse Fingerprint CG#3 went on line on 10/12/25 but had to wait for the results. CG#3 did not care for my clients until the clearance was in.	11/5/25	I will maintain a fingerprint clearance log make sure to do it 60 days before its due.
8.(a)(2)	CG#1 APS/CAN done 9/11/25 but forgot to print it out so CG#2 APS/CAN done 11/5/25 make sure its printed and put in binder	10/15/25 → 11/5/25	Will insure APS/CAN are updated 1 month prior to expiration before Resdue and will create calendar to track expiration dates.
41.(a)(3)	CG# job experience not updated. Employment history was updated on 10/16/25 and correct documentation was added to my folder	10/16/25	Immediately file CG #2 job experience on his binder. Put it on the calendar for reminder.
41-b.4	No current disclosure CG#1 no present disclosure force #3. Completed all the required disclosures and kept it in the file. I will implement the required disclosures to remain current.	10/20/25	The home will maintain a checklist and review disclosure at least quarterly to make sure its current to PHS requirements.

All items that were corrected are attached to this POC

PCG's Signature: Jayvie Sumoba

Date: 11/14/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terry Van Houten RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Jayvic Sumobro
(PLEASE PRINT)

CCFFH Address: HCR, Box 5478, Keauhou, HI 96749 — mailing address
157535, 18th Avenue, Keauhou HI 96749 — physical address
(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)(4)	undisclosed HHMs more w a month ago The unreported household member has been reported to DHS with all required documentation.	10/20/25 2/13/26	All household members will be reported to DHS promptly, checks quarterly.
41(b)(7)	CG#3 was not recorded on the standard form TB test has been completed using standard form, and the documentation has been added to the binder	2/14/25	All future TB tests will be using the DHS standard form and will be reviewed quarterly to make sure we are in compliance.
(b)(6)(1)(2)(4)(6)	missing August drill last drill was on 7/3/25 the missed fire drill has been conducted and documented according to DHS requirements	10/3/25	Fire drills will be scheduled monthly documented immediately, and reviewed quarterly to ensure no drills are missed

All items that were corrected are attached to this POC

PCG's Signature: Jayvic Sumobro

Date: 11/14/25

CTA has reviewed all corrected items