

# Foster Family Home - Deficiency Report

Provider ID: 1-200018

Home Name: Kyle Therese Villanueva, CNA

Review ID: 1-200018-7

91-868 Haipu Place

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 10/20/2025

## 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: 10/20/2025)

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse present in CCFFH records APS/CAN clearance for CG#3. Clearance was due by 7/3/2025 and completed 8/8/2025.

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

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

Comment:

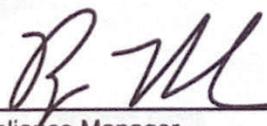
41.(b)(7): current TB clearance was not signed by APRN/MD/DO/NP and not documented on state approved TB clearance document for CG#1, CG#2, CG#3, and HHM#3.

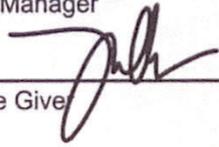
## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2): Evidence of discrepancy noted in services addressed in client #2's service plan. Current service plan dated 8/1/2025 addressed client's on hospice services but documentation present in client's records stated that client was discharged from hospice services on 11/19/2024.

  
Compliance Manager

  
Primary Care Giver

10/20/25  
Date

10/20/25  
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: Kyle Therese D. Villanueva

CCFFH Address: 91-868 Haipu Pl Ewa Beach HI 96706

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)(2)	Lapse have been corrected within a month after clearance has lapsed and before [redacted] visit.	08/08/25	To prevent this from happening again, I will make sure to closely monitor the expiration dates of all required clearances and update renewal documents well ahead of time. I'll also keep reminders and double-check to confirm that everything is updated to avoid any future lapses.
41.(b)(7)	TB clearance forms for CG#1, CG#2, CG#3, and HHM#1 has been signed by an APRN and was placed in the home binder.	10/31/25	To prevent this from happening again, will make sure that all TB clearance forms are reviewed and signed by an APRN/MD/DO/NP before they are filed. I'll also verify the provider's credentials to ensure documentation meets all required standards.
54.(c)(2)	CMA slashed out all hospice services details in Client #2's SP by handwriting.	10/22/25	To prevent this from happening again, I will continue to communicate with the CMA regarding any client status changes clearly and in writing, but I'll also make sure to follow up regularly and escalate the concern to a supervisor if updates are not made in a timely manner. This way, even if the initial communication is missed, there will be proper documentation and accountability to ensure the SP reflects the client's current condition.

✓ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 10/31/2025

■ CTA has reviewed all corrected items