

Foster Family Home - Deficiency Report

Provider ID: 1-576259

Home Name: Milagros Viloría, CNA

Review ID: 1-576259-19

1939 Kalihi Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 1/2/2026

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (2/2/2026).

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)(2): No initial set of APS/CAN, fingerprint, and sex offender search conducted for HHM#6 present in CCFFH records.

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 training completed for HHM#6.

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

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

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

Comment:

41.(b)(7): Current TB clearance present in CCFFH records not signed by MD/APRN/NP/DO for CG#3.

41.(f)(1): No TB clearance present in CCFFH records for HHM#6.

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 RN delegation for rectal suppository medication administration for client #2 for all caregivers.

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3 Person Physical Environment

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(3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No written agreement of living in shared room signed by client/representative present for client #2 and #3.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No evidence present of signed written consent/acknowledgement of use of camera/monitor in client bedroom and common living room for client #1.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5): No medication administration record (MAR) of month of 1/2026 present for client #1, #2, and #3. Last documentation present of medication administration in client records dated 12/31/2025.

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

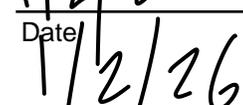


Compliance Manager



Primary Care Giver



Date


Date