

Foster Family Home - Deficiency Report

Provider ID: 1-180008

Home Name: Miriam Viernes, CNA

Review ID: 1-180008-16

94-1481 Hiapo 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 3 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.

**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

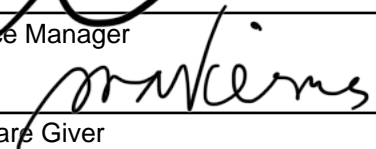
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had included each CG at least once per year. CG#4 and CG#5 did not conducted a fire drill in the past 12 months.



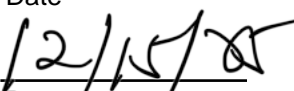
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: SUSAN YOUNG PO LIM

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

PCG's Name on CCFFH Certificate: MIRIAM VIERNES
(PLEASE PRINT)

CCFFH Address: 94-1481 HIPO ST. WAIKANAHI HI 96797
(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?
(3P)(b)(6)	CG #4 & CG #5 conducted their fire drill.	12/18/25 12/19/25	PCG will make a reminder list for caregivers that will conduct monthly fire drill posted by the PCG's white board.

All items that were corrected are attached to this POC

PCG's Signature: Miriam Viernes

Date: 2/17/2026

CTA has reviewed all corrected items