

Foster Family Home - Deficiency Report

Provider ID: 1-190030

Home Name: Shella Marie Valencia, CNA

Review ID: 1-190030-15

94-470 Opeha Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/18/2025

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 12/18/2025 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)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and to included each CG at least once per year.

CCFFH does not have May, August, September 2025 fire drills present in file. CG#3 and CG#4 did not conduct a fire drill in the past 12 months.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business. It expired on 11/30/2025.

Compliance Manager

Primary Care Giver

12/18/2025

Date

12/18/25

Date

CTA RN Compliance Manager: Po, Lim

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

PCG's Name on CCFFH Certificate: Shella Marie Valencia

(PLEASE PRINT)

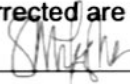
CCFFH Address: 94-470 Opeha St. Waipahu Hi 96797

(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) (1)	Lapse cannot be corrected.	12/18/20 25	Home will use a wall calendar to schedule monthly fire drills.
(3P)(b) (6)	PCG scheduled months to have CG#3 and CG#4 conduct and participate on fire drills.	12/18/20 25	PCG will use a wall calendar to include CG names on monthly fire drills to ensure that all Caregivers are conducting and participating at least 1 fire drill every year.
(51).(a). (1)	Lapse cannot be corrected	12/31/20 25	Home will use a wall calendar to put all due dates on. Liability insurance will be placed in the PCG binder as soon as the certificate is obtained.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: 01/08/2026

CTA has reviewed all corrected items