

Foster Family Home - Deficiency Report

Provider ID: 1-250008

Home Name: Sheryl Jane Verzosa, CNA

Review ID: 1-250008-3

1041 Kaili Street Apt A

Reviewer: David Ayling

Honolulu

HI 96819

Begin Date: 12/22/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/22/26.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(2) - No Prometric verification check for CG #1.

41.(b)(7) - TB clearance expired on 7/9/2025 for CG #1. TB clearance expired on 8/22/2025 for HHM #4. No TB clearance present for HHM #2

41.(c) - No Inservice training in 2025 for CG #3 and CG #4.

Foster Family Home Medication and Nutrition [11-800-47]

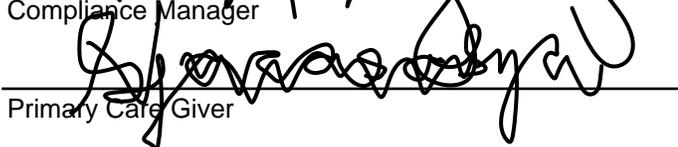
47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

47.(a) - No RN delegations for CG #4 and CG #5 on Client #2 by CMA #2.


Compliance Manager


Date 12/22/2025


Primary Care Giver


Date 12/22/25

CTA RN Compliance Manager: David Ayling, RN

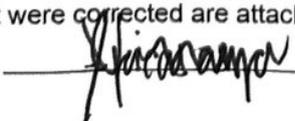
**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARGY JANE C. VERJOSA
(PLEASE PRINT)

CCFFH Address: 1001 KAILI ST. APARTMENT A HONOLULU HAWAII 96819
(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(a)(2) 41(b)(7) 41(c) 47(a)	<p>I received CG #1 Prometric verification. CG #1 show proof.</p> <p>CG #1 passed TB clearance updated. Both SCG (HMM) #4, 2 passed / Show TB clearance.</p> <p>Lapse cannot be corrected</p> <p>Missing RN Delegation for CG # 4,5 for client #2 was done last 1/6/26. I will make sure all my SCG's will do / follow the delegation.</p> <p>I will make sure that it will not happen again</p>	<p>1/2/2026</p> <p>1/6/26</p>	<p>I will make sure to keep all the updated TB clearance on my binder and I made a list of expiration dates for all the records of CG's and SCG's. I will put all the list on my computer and I will check / update the binder / folder every month. I will make sure PCG and SCG's to get the required number of hours in-service training this year.</p>

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/2/2026

CTA has reviewed all corrected items