

Foster Family Home - Deficiency Report

Provider ID: 2-597859

Home Name: Therese Vigilla, LPN

Review ID: 2-597859-23

3454 Likini Street

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 11/6/2025

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 11/6/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8.(a)(1)
Second Fingerprint check is overdue for CG#1 and was due on/before 12/3/2022.

Second Fingerprint check is overdue for HHM#1 and was due on/before 9/16/2025.

8.(a)(1) Sex Offender check are not present for CG# 1, #2, #3, and HHM #1.

8(c) State Name Check (eCrim) was overdue for CG# 3. State Name Check (eCrim) was due on or before 10/15/2025 and is not present in the CCFFH file.

Foster Family Home - Deficiency Report

Foster Family Home

Personnel and Staffing

[11-800-41]

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

- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

- 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.

- 41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG #2 and #3.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2 and #3. CG#2 and #3 BBP/IC were lapsed, was due on/before 1/31/2025 and was completed on 2/20/2025.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2 and #3.

CG#2 requires 12 hours of in-service training, but had only 3 hours attended in 2024.
CG#3 requires 12 hours of in-service training, but had only 2 hours attended in 2024.

41.e. CG#2 and CG#3 does not have their SCG approval form present in their file.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

- (3P)(b)(1) Fire shall be conducted monthly

- (3P)(b)(2) Fire shall be held at different times of the day, evening, and night

- (3P)(b)(4) Fire shall include testing of smoke detectors

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

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CCFFH did not conduct a fire drill in the October 2025.

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. Expired on 10/9/2025.

Foster Family Home - Deficiency Report

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 - Client bedrooms and bathrooms are supposed to allow clients to lock them from inside for privacy. There are no locks on client #1 and #2 doors to allow clients to lock and unlock them.

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;

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:


54(c)(2) No current service plan present for Client#1. Last one in record is dated 2/2025.
No current signature of POA for service plan present for Client#2.

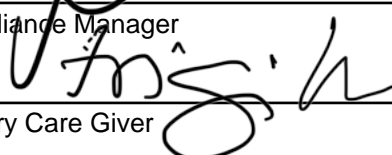
54(c)(5)
MAR was not documented daily Client#1. Sheet not completed from 10/29/2025 to 11/06/25.

MAR was not documented daily Client#2. Sheet not completed from 10/24/2025 to 11/06/25.

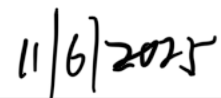
54(c)(6)
ADL was not documented daily Client#1. Sheet not completed from 7/14/2025 to 11/06/25.

ADL was not documented daily Client#2. Sheet not completed from 10/24/2025 to 11/06/25.



Compliance Manager


Primary Care Giver



Date



Date