

Foster Family Home - Deficiency Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-19

94-570 Niulii Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 11/13/2025

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 11/13/2025 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;

Comment:

8.(a)(1)
Second Fingerprint check is not present in their file for CG#1, CG#5, and CG#6.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.b.4 No disclosure form present for CG#1.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#4 and #5. Current BBP/IC certificate in file for both CG#4 and #5 are invalid dates.

Foster Family Home - Deficiency Report

**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.

CG#7 did not conduct a fire drill in the past 12 months.

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;

Comment:

54(c)(2)

No current service plan present for Client# 1. Last one in record is dated 12/4/2024.
No current signature of POA for service plan present for Client#2.

Compliance Manager

Primary Care Giver

Date

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: Wilhelmina Botelho

(PLEASE PRINT)

CCFFH Address: _____

(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?
8.(a)(1)	CG#1,CG#5 &CG#6 fingerprint is now on file	11/16/25	CCFH to make a note on spread sheet put on a phone to remind as not to miss documents.
41.b.4	CG#1 made a disclosure form and was placed in the file	11/16/25	CCFH to make a note in a spread sheet as to remind change on disclosure.
41.(b)(8)	Correct dates of Bloodborne Pathogen/Infection Control Training for CG#4 & CG#5 is in file.	11/17/25	CCFH to check correct dates when CG's give documents to prevent error.
(3P)(b)(1)	Lapses cannot be corrected	11/21/25	CCFH must check Fire drill binder, making sure that ALL CG's will conduct Fire drill within the year. and to perform fire drill during day, evening and night!
(3P)(b)(2)			
(3P)(b)(4)			
(3P)(b)(6)			
54(c)((2)			

All items that were corrected are attached to this POC

PCG's Signature: _____

Wilhelmina Botelho

Date: _____

12-14-2025

CTA has reviewed all corrected items