

# Foster Family Home - Deficiency Report

Provider ID: 4-250088

Home Name: Mila Gorospe, RN

Review ID: 4-250088-1

975 Lekeona Loop

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 11/11/2025

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

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

Comment:

6.(d)(1) – CCFFH inspection conducted for a new 2 bed CCFFH certification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/26/2025.

## 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) - The CCFFH did not have evidence that a sex offender registry check had been completed for CG#1 and CG#2

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) - The CCFFH did not have evidence that confidentiality training had been completed for CG #1 and CG#2.

# Foster Family Home - Deficiency Report

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

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- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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- 41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

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

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- 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.(b)(4) - The CCFFH did not have evidence of an CG disclosure form for CG#2.
- 41.(b)(5) - The CCFFH did not have evidence of a state driver's license of state ID for CG#1 and CG#2.
- 41.(b)(6) - The CCFFH had a doorway leading to another living area that was being used for landlord storage that was locked and inaccessible at the time of the inspection. This area had an internal connection to the CCFFH and per CG#1 includes one bedroom and one bathroom.
- 41.(b)(8) - The CCFFH did not have evidence that CG#2 had completed first aid training.
- 41(b)(5)(c) - The CCFFH did not have evidence that an alternate transportation plan was in place.
- 41.(e) - The CCFFH did not have evidence that CG#2 had received CTA approval to work as an SCG.

Foster Family Home	Physical Environment	[11-800-49]
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- 49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

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- 49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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- 49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

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- 49.(e) The home shall have policies regarding smoking on the property that:

Comment:

- 49.(a)(2) - The CCFFH did not have evidence that grab bars had been installed in the client bathroom, shower or toilet area.
- 49.(a)(3) - The common living area has a step leading into and out of the space which was not accessible by wheelchair.
- 49.(a)(4) - The CCFFH had a small step leading into the front door access and a step leading into and out of the common living area which did not have ramps for wheelchair access.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

Only 51(a)(2) reviewed, no clients in CCFFH at time of new home inspection.

51.(a)(2) - The CCFFH did not have evidence of a current automobile policy.

## Foster Family Home

## Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(a)(2) Appropriate program policies and procedures; and

Comment:

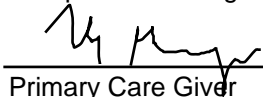
Only 54(a), 54(a)(1), and 54(a)(2) reviewed, no clients in the CCFFH at the time of the new CCFFH inspection.

54.(a)(1) - The CCFFH did not have a copy of the current floor plan/evacuation map.

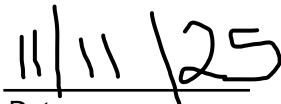
54.(a)(2) - The CCFFH did not have copies of the appropriate program policies and procedures in place. (Privacy and Confidentiality, Grievance procedure, Client rights and responsibilities, smoking policy and visiting hours.)



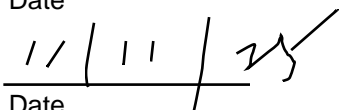
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Mila Gorospe RN

(PLEASE PRINT)

CCFFH Address: 975 Lekeona Loop, Wailuku, Hawaii 96793

(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?
6(d)(1)	Proving & obtaining documents pertaining to certification.	11/11/25	CG#1 will use a check list to audit the administrative binder on the 1st of each month to verify the documents are current. Documents will be renewed at least 2 weeks before expiration.
8(a)(1)	Proving & obtaining documents pertaining to criminal history record checks in accordance with section 846-2.7	11/25/25	CG#1 will use a check list to audit the administrative binder on the 1st of each month to verify the documents are current. Documents will be renewed at least 2 weeks before expiration.
16(b)(5)	Proving and obtaining documents pertaining to evidence that confidentiality has been completed for CG #1 & CG #2	11/18/25	CG#1&2 will use a checklist to adut the administrative binder on the 1st wk. of each month to verify the documents are valid.
41(b)(4)	Filled out CG Disclosure form for CG#2.	11/14/25	CG#2 will use a checklist to adut the administrative binder on the 1st wk. of each month to verify the documents are current.
41(b)(5)	Printed out current Hawaii Driver's License for both CG's.	11/19/25	CG#1 & CG#2 will ensure ID license are valid and check each year month of December. ID license will be renewed 1 month before expiration.
41(b)(6)	Key is available in storage/bedroom. Room was shown on facetime	11/12/25	CG#1 & 2 will place key in a designated spot and will check that it is available each month.
41(b)(8)	Printed out first aid training for CG #2.	11/12/25	SCG#2 will use a check list to audit the administrative binder on the 1st wk of each month to verify the documents are current. Documents will be renewed 1 month before Sept. 12 each year.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

12/17/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Terri Van Houten RN

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

PCG's Name on CCFFH Certificate: Mila Gorospe RN

(PLEASE PRINT)

CCFFH Address: 975 Lekeona Loop, Wailuku, Hawaii 96793

(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(b)(5)(c)	Completed the alternate transportation plan.	11/28/25	CG#1 will use a check list to audit the administrative binder on the 1st wk of each month to verify documents are current.
41(e)	Filled out 1&2 bed CCFFH Substitute Caregiver Application to be approved. Waiting for approval.	11/28/25	SCG#2 will use a check list to audit the administrative binder on the 1st wk of each month to verify the documents are current.
49(a)(2)	Grab bars were properly installed and shown via facetime.	11/18/25	SCG #2 will check the grab bars daily for safety.
49(a)(3) 49(a)(4)	A purchased ramp is allowing the common living area to be accessed. Ordered ramp to be placed at the entrance.	11/18/25 11/29/25	SCG#2 Placed the ramp at the entrance. Check if correctly in place daily for safety.
49(e)	Orderesd signage to be in placed for no smoking policy.	11/29/25	SCG#2 will ensure sign in place monthly.
51(a)(2)	Attached policy with insurance card.	11/29/25	CG#1 will use a check list to audit the administrative binder on the 1st wk of each month to verify documents are current.
54(a)(1)	Printed out Evacuation Route along with Safe Meeting Area across the street.	11/29/25	SCG#2 will ensure evacuation route is posted monthly.
54(a)(2)	Printed out appropriate program policies & procedures to file	11/29/25	CG#1 will use a check list to audit the administrative binder on the 1st wk of each month to verify documents are current.

All items that were corrected are attached to this POC

PCG's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

12/17/25

CTA has reviewed all corrected items