

# Foster Family Home - Deficiency Report

Provider ID: 1-631540

Home Name: Mila Vea, NA

Review ID: 1-631540-18

94-1176 Kahuahale Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 11/19/2025

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/19/2025).

6.(d)(1): No evidence present in client records of 1147 assessment for client #1.

## 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.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2): No evidence present in CCFFH records of current APS/CAN/criminal background check for HHM#1. Background checks due by 10/17/2025.

8.(a)(2): Evidence of lapse present in CCFFH records of current APS/CAN clearance for CG#4. Clearance was due by 11/28/2024 and completed 6/11/2025.

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

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1): No evidence present in client records of signed consent of use or disclosure of client information for client #1 and #2.

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

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

Comment:

41.(b)(8): Evidence present in CCFFH records of lapse of first aid/CPR training for CG#1, CG#2, and CG#4. Training was due by 2/20/2024 and completed 3/1/2024 for CG#1 and due by 2/11/2024 and completed 3/3/2024 for CG#2 and CG#4.

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## Foster Family Home

## Client Care and Services

[11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations given by client #1's case management agency of all delegated tasks for CG#3.

No evidence present in client records of RN delegations given by client #1's case management agency for rectal suppository medication administration for CG#2, CG#3, and CG#4.

No evidence present in client records of RN delegations given by client #2's case management agency for rectal suppository medication administration for all caregivers.

## Foster Family Home

## Grievance

[11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No evidence present in client records of a copy of grievance policy signed by client #1 and client #2's representative. No copy of grievance policy present in clients' records.

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence present in CCFFH records of monthly fire drills were conducted in months 6/2025 to 10/2025.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of full bed rails for client #2.

## Foster Family Home

## Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): No documentation present in client records of written consent signed by clients' representative of use of camera/monitors in client bedroom and common area for client #1 and client #2.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Fiscal Requirements

[11-800-52]

- 52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.
- 52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.
- 52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): No current CCFFH budget or fiscal records (i.e., bank statement) present to show facility's resources.

## Foster Family Home

## Client Rights

[11-800-53]

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.
- 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.(a): No evidence present in client records of client #1 and #2 received copy of list of client rights. No admission policy contract present in client #1 and #2's records.

53.(b)(9): Client #2's bedroom door only able to lock from the outside of the room.

Personal belongings found in client #1 and #2's bedrooms that do not belong to the client. All personal belongings that do not belong to the client must be removed from the clients' bedrooms.

## Foster Family Home

## Records

[11-800-54]

- 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)(6): No daily documentation present in client records of skilled nursing/ADL checklist for client #1. Last documentation dated 10/31/2025.



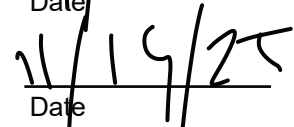
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager:

RYAN NAKAMURA

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-809

PCG's Name on CCFFH Certificate:

MILA VEA

(PLEASE PRINT)

CCFFH Address:

94-1176 KAHUAHALE STREET 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?
6.(d)(1)	1147 assessment for client #1 has been requested from CMA and is now filed in client's chart	11/19/25	I will place a post it note on the tab where the 1147 should be filed to remind me to call CMA and obtain a copy of the 1147 in a timely manner.
8.(a)(1) (2)	HHM #1 has obtained a current APS/CAN clearance	12/15/25	I will mark the date in my calendar 3 weeks prior to expiration of the APS/CAN of any household member to remind me to schedule APS/CAN background check to be done. I will also place an alarm in my phone calendar 3 weeks before the expiration to remind me to schedule check. I will also schedule a monthly review of my business binder and have a checklist of documents that are expiring in a month.
8. (a)(2)	CG #4 has obtained a current APS/CAN clearance	12/15/25	I will mark the date in my calendar 3 weeks prior to expiration of the APS/CAN of any household member to remind me to schedule APS/CAN background check to be done. I will also place an alarm in my phone calendar 3 weeks before the expiration to remind me to schedule check. I will also schedule a monthly review of my business binder and have a checklist of documents that are expiring in a month.

All items that were corrected are attached to this POC

PCG's Signature:

*[Handwritten Signature]*

Date:

12/18/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: MILA VEA

(PLEASE PRINT)

CCFFH Address: 94-1176 KAHUAHALE STREET 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?
16.(c)(1)	Signed consent of use or disclosure of client information for clients #1 and #2 has been requested from CMA and is now filed in client's chart	11/19/25	I will place a post it note on the tab where the Signed consent of use or disclosure of client information should be filed to remind me to call CMA and obtain a copy of the consent in a timely manner.
41.(b)(8)	Compliance training and other in-services for CG #1, CG #2, and CG #4 are current and are on file	11/19/25	I will mark the date in my calendar 3 weeks prior to expiration of any compliance trainings and in-services of all my caregivers including myself to remind me to schedule trainings to be done in a timely manner. I will also place an alarm in my phone calendar 3 weeks before the expiration to remind me to schedule. I will also schedule a monthly review of my business binder and have a checklist of documents that are expiring in a month.
43.(c)(3)	RN delegations for CG #2, CG #3 and CG #4 has been completed by Case Manager from Case management agency	11/25/25	I will place a post it note on the tab where the RN delegations should be filed to remind me to call CMA and obtain a copy of the RN delegations for each caregiver in a timely manner.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/18/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

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

PCG's Name on CCFFH Certificate: MILA VEA

(PLEASE PRINT)

CCFFH Address: 94-1176 KAHUAHALE STREET 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?
45.(1) (2) (3)	Copy of grievance policy signed by clients #1 and #2 has been requested from CMA and is now filed in clients' chart	11/21/25	I will place a post it note on the tab where the Signed grievance policy should be filed to remind me to call CMA and obtain a copy of the above mentioned documents in a timely manner.
46.(a)	Fire drills were conducted on a monthly basis but forms were misplaced and was later found	11/19/25	I will mark the date in my calendar the day to conduct fire drill each month and will have a separate folder to keep fire drill forms so they don't get lost. I will also place an alarm in my phone calendar on the dates scheduled each month to conduct fire drill to remind me of the scheduled fire drill for that day.
47.(d)(1)	Physician's order to use full side rails has been obtained from MD office and is filed in client #2 chart	12/15/25	I will place a post it note on the MD orders tab to remind me to call MD office for a copy of any orders missing. I will place a reminder in my phone calendar that could signal an alarm to remind me to follow up with MD office for any missing orders

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/18/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

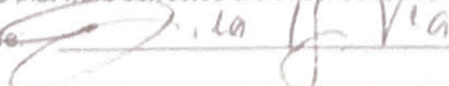
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: MILA VEA  
(PLEASE PRINT)

CCFFH Address: 94-1176 KAHUAHALE STREET 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?
49.(b)(3)	Copy of written consents signed by clients #1 and #2 and/or by their representatives to use camera/monitors in their rooms has been obtained and is now filed in clients' chart	12/14/25	I will place a post it note on the tab where Signed consents should be filed to remind me to follow up with clients' representatives and obtain a signed copy of the above mentioned documents in a timely manner.
52.(a) (b) (c)	CCFFH budget/ fiscal records is already on file in the business binder	12/5/25	I will set a date each month in my phone calendar and place an alarm to remind me to review my business binder and to complete any document that is outstanding.
53.(a)	Admission policy contract and copy of list of client rights for client #1 and client #2 is already filed in their charts	12/10/25	I will place a post it note on the tab where admission policy and client rights should be filed to remind me to call CMA office for a copy of the admission policy and signed client rights. I will place a reminder in my phone calendar that could signal an alarm to remind me to follow up with CMA for any outstanding documents

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 12/18/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: RYAN NAKAMURA

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-809

PCG's Name on CCFFH Certificate: MILA VEA  
(PLEASE PRINT)

CCFFH Address: 94-1176 KAHUAHALE STREET 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?
53.(b)(9)	Client #2 bedroom door has been fixed and can now be closed inside. Client #1 and client #2 belongings has been checked and everything that does not belong to them were removed from the closet	12/14/25	I will review clients rights and my choice my way policy and will adapt it to my home set up to cater to my clients. I will set a date in my phone calendar to review CCFFH guidelines on a regular basis for me to not commit any mistakes or violations
54.(c)(6)	Skilled nursing/ADL checklist for client #1 has been filed. ADL checklist has been done on a daily basis but was misplaced and was not filed in a timely manner	11/20/25	I will place a post it note on the tab where ADL checklist should be filed to remind me to check it every end of the day before going to bed. I will place a reminder in my phone calendar that could signal an alarm at a scheduled time at the end of the day to remind me to check all tabs that has been marked or flagged by post it notes.

All items that were corrected are attached to this POC

PCG's Signature: Mila J. Vea

Date: 12/18/25

CTA has reviewed all corrected items