

Foster Family Home - Deficiency Report

Provider ID: 2-160093

Home Name: Marites Cabaccang, CNA

Review ID: 2-160093-12

15-1505 28th Ave Poha Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 9/13/2023

Foster Family Home

Required Certificate

[11-800-6]

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/13/23.

Foster Family Home

Background Checks

[11-800-8]

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

Comment:

8.(a)(2) - APS/CAN expired on 7/3/2023 for HHM #4.

David A. Ayling RV

Primary Care Giver

Date

Date

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: Marites Cabaccang

CCFFH Address: 15-1505 28th St. Keanu HI 96744
(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)(2)	I received a current APS/CAH on 10/2/23 from HPM #4. I put the results in my CCFFH binder.	10/2/23	I put the expiration date for APS/CAH for all CG's and HPM's on my calendar. I will check my calendar every month.

☒ All items that were corrected are attached to this POC

PCG's Signature: Marites Cabaccang

Date: 10-4-23

☒ CTA has reviewed all corrected items