

Foster Family Home - Deficiency Report

Provider ID: 2-240049

Home Name: Kharen Cabuyadao, LPN

Review ID: 2-240049-1

14 Kehaulani Street

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 7/15/2024

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/15/24.


Foster Family Home Background Checks [11-800-8]

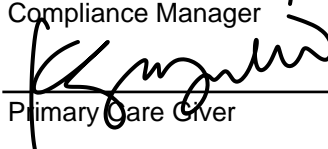
8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

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

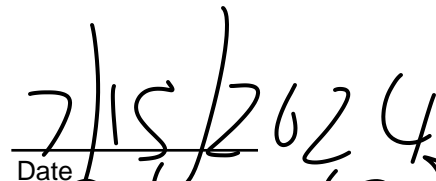
Comment:


8.(a)(1)(2) - No current APS/CAN and fingerprints for CG #2.



Compliance Manager


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: KHAREN CABUYA OAO

CCFFH Address: 14 Kehaulani St, Hilo Hi 96720
(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) (2)	I received a current APS/can and fingerprint from CG #2. I placed the results in my CCFFH binder	7-18-24	I put the expiration dates for APS/can and fingerprints for all CG's on my phone calendar. I set the results for 1 month prior the expiration.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 7-18-24

CTA has reviewed all corrected items