

Foster Family Home - Deficiency Report

Provider ID: 1-100066

Home Name: Charity Sabangan, NA

Review ID: 1-100066-16

94-1124 Kahuanui Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/22/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Client #1 have an expired Form 1147 on 10/21/2024.

Deficiency Report issued during CCFFH inspection via email on 4/22/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home	Background Checks	[11-800-8]
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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)
Second Fingerprint check is overdue for CG#3, HHM #2, HHM #3, HHM #4, HHM #5, HHM #6, and HHM #7, was due on/before 6/1/2024, respectively.

8(a)(2) APS/CAN checks were overdue for CG#2.
APS/CAN was due on or before 11/10/2024 and is not present in the CCFFH file.

Foster Family Home	Information Confidentiality	[11-800-16]
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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) No proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#2.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#4.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#2 and CG#3. It was due on/before 1/2/2024.

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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 signature of POA for current service plan present for Client#1.

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: Charity Sabangan

(PLEASE PRINT)

CCFFH Address: 94-1124 Kahuanui St. 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)	I requested a current copy from my visiting nurse.	6/6/25	I will put a note on the cover of my client's record binder the month that the 1147 needs to be renewed and will remind my visiting nurse to give me a copy.
8.(a)(1) 8.(a)(2)	I informed everyone about what they needed to get done and to give me copies of missing documents.	5/15/25	I will designate an area to place documents. I will place notes on the cover of my record binders of expiration dates.
16.(b)(5)	I had my son sign and read over the forms and answered any questions he had.	4/25/25	I will put a tab marking the form to remind me that all 18 over HHM and new secondaries need to sign and go over policies.
41.(b)(7) 41.(b)(8)	I requested copies of missing documents. Will go to see PCP for clearances.	5/15/25	I will place notes on the cover of my record binders of expiration dates to prevent lapses and to request copies in a timely manner.
54.(c)(2)	Contacted POA who lives in the mainland and sent over the document to be signed via email.	5/11/25	I will send service plan to POA to sign every time I receive a new one. I will place notes on the cover of my record binders of expiration dates to prevent lapses

☒ All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 07/12/2025

☒ CTA has reviewed all corrected items