

# Foster Family Home - Deficiency Report

Provider ID: 1-559354

Home Name: Fe Sabalboro, CNA

Review ID: 1-559354-12

91-1429 Maliko Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/29/2025

## 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 visit made for a 3 bed annual inspection.

CCFFH is applying for an increase from 2 beds to 3 beds.

Deficiency Report issued during CCFFH inspection via email on 5/29/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

Comment:

41(a)(2) CG#3 and CG#4 are not approved to work in a three beds CCFFH.

41(a)(2) CNA Prometric registry check are not present for CG#1, #2, and #3.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) No evidence that a 3-bed sign out sheet was in use at the CCFFH. CTA Compliance manager was unable to verify the number of hours worked in a day or week.

## 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 RN delegation present for Client #1 for CG#4.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager:

TERRI VAN HOUTEN, RN/PO KIM, RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)

Chapter 11-800

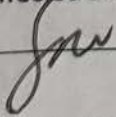
PCG's Name on CCFFH Certificate: FE SABALBORO

(PLEASE PRINT)

CCFFH Address: 91-1429 MALIKO ST. EWA BEACH, HI 96706

(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 (a) (2)	CG#3 & CG #4 ARE NOT APPROVED TO WORK IN A THREE BED CCFFH.	5/15/25	PCG will make a check list of all SCG requirements and be sure to obtain them before adding them as SCG. I will set a reminder monthly to my phone/laptop to review my CCFFH binder to ensure proper documentation.
41 (a) (2)	CNA PROMETRIC REGISTRY CHECK ARE NOT PRESENT FOR CG#1, CG#2 AND CG#3	5/30/25	PCG will make a check list of all SCG requirements and be sure to obtain them before adding them as SCG. I will set a reminder monthly to my phone/laptop to review my CCFFH binder to ensure proper documentation.
3(p) (b) (2)	NO EVIDENCE THAT ALSO 3 BED SIGN OUT SHEET WAS IN USE AT THE CCFFH. CTA COMPLIANCE MANAGER WAS UNABLE TO VERIFY THE NUMBER OF HOURS WORKS IN A DAY OR WEEK.	5/30/25	PCG and substitute caregivers will make sure to fill out Sign In/Out form immediately every time PCG is out in the CCFFH and will set a reminder
43 (c) (3)	NO RN DELEGATION PRESENT FOR CLIENT #1 FOR CG #4	6/4/25	PCG will ensure on the day of client's admission to have RN delegation to all PCG and SCG's. Caregivers will inform client's CMA immediately if there is new SCG that needs to be trained. PCG will make a check list of all documentation requirements for new admission and if there are new SCG's and will set a reminder in the phone/laptop to review CCFFH binder monthly to ensure proper documentation.

☒ All items that were corrected are attached to this POCPCG's Signature: 

Date: 6-27-25

☒ CTA has reviewed all corrected items