

# Foster Family Home - Deficiency Report

**Provider ID:** 2-240049

**Home Name:** Kharen Cabuyadao, LPN

**Review ID:** 2-240049-2

14 Kehaulani Street

Reviewer: Ryan Nakamura

Hilo HI 96720

Begin Date: 7/2/2025

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 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: 7/02/2025).

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)(2): No evidence present in CCFFH records of 2nd set of background checks for CG#3. 2nd set of background checks were due by 6/07/2025.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(a)(2) Be a NA, an LPN, or RN;
- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.
- 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.
- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry checks for CG#2 and CG#3.

41.(b)(5): No evidence present in CCFFH records of alternate driver's current car insurance. CTA unable to verify if alternate driver's car insurance meets minimum coverage of \$100,000 bodily damage per person and \$30,000 property damage.

41.(b)(7): No documentation present in CCFFH records of TB clearance signed by MD/APRN/DO/NP for CG#3. TB clearance was signed by "LN".

41.(b)(8): No evidence present in CCFFH records of current bloodborne pathogen training for CG#2.

41.(b)(8): Evidence present in CCFFH records of lapse of bloodborne pathogen training for CG#1. Training was due by 4/3/2025 and completed 5/20/2025.

41.(b)(8): No evidence present in CCFFH records of first aid training for CG#3.

41.(c): No evidence present in CCFFH records of CG#1 met minimum 12 hours of annual in-service training and CG#3 met minimum 8 hours in 2024. CTA unable to verify hours of CG#1 in-service training due to no hours were listed on training certificates. CG#3 had 4 hours in 2024 in CCFFH records.

## Foster Family Home

## Medication and Nutrition

[11-800-47]

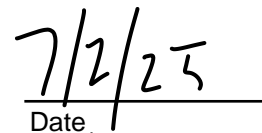
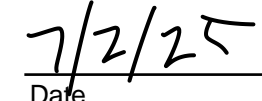
- 47.(d) Use of physical or chemical restraints shall be:
- 47.(d)(1) By order of a physician;
- 47.(d)(2) Reflected in the client's service plan; and

Comment:

47(d)(1)(2): No documentation presented in clients' records of physician order for side rails for client #1 and client #2. Side rails not addressed in client #2's current service plan.

  
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 11-800**

PCG's Name on CCFFH Certificate: KHAREN CABUYADAO  
(PLEASE PRINT)

CCFFH Address: 14 Kehaulani St. Hilo Hawaii 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 current of 2nd set of background checks for CG#3. I place the results in my CCFFH Binder	07-07-25	I put the 2nd set of background and expiration dates for APS/CAN and fingerprints for all CG's on my phone calendar or my board calendar for 1 month prior the expiration.
41. (a)(2)	Updated Records of CNA prometric registry checks for CG#2 and CG#3. Attached to in my CCFFH Binder	07-06-25	Engaged all the email from CTA and I put the alert notification.
41. (b) (5)	My Alternative driver's, changed to CG's #2. Current car insurance and coverage of \$ 100,000 bodily damage per person and 30,000 property damage. Copy attached to CCFFH Binder.	07- 10- 25	Alternative driver reminded every 4mons, the insurance coverage policy documents. I put in my phone calendar 1 month before.
41. (b) (7)	Current TB Clearance signed by MD for CG#3. Attached my CCFFH Binder.	07- 08-25	All my CG's will continue to remind, TB clearance must be read the result/sign by MD, I put in my phone calendar 1 month before the expiration date.
41. (b) (8)	Current Boodborne Pathogen trained for CG#2. I placed the result in my CCFHH Binder	07- 12-25	I put the expiration date in my calendar and set the date/year need to be updated. 1 month prior the expiration.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7-16-25

☒ 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: KHAREN CABUYADAO

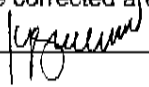
(PLEASE PRINT)

CCFFH Address: 14 Kehaulani St. Hilo Hawaii 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?
41. (b)(8)	Attached record the Bloodborne pathogen training 4/3/25 and 5/2025 in my CCFFH binder.	07-02-25	I put my expiration date on my phone calendar, 2 months ahead prior the expiration. to prevent the overlapping the date and month.
41. (c)	Current records of first aid training for CG#3, I placed in my CCFFH Binder.	07- 15-25	I put my expiration date for all CG's in my phone calendar and board calendar. 1 month before the expiration.
41. (c)	CG#1 minimum 12hours annual in-service training attached the binder and CG#3 in-service training program 8 hours. CG#1 attached in my binder for yr 2024, 19 inservice training was made and only 3.12 hrs for specific training. Completed training no indicate for the hours. Attached documents attached to CCFFH Binder. 2025 completed for 12 hours in service training. CG#2 completed 8 hours for 2024 and 2025. Attach to my CCFFH binder.	07-03-25	Inform my CG's to up to date in service training program, ensure attach the hours completion of each topic. I put in my phone calendar 1 month at end of the year.
47 (d) (1)(2)	Physician Order for side rails for client #1 and Client #2. Attached to Clients binder.	07- 14-25	I notify the family/ case manager/Physician. make sure there is order by MD. Reminded the case manager to update service plan.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7-16-25

☒ CTA has reviewed all corrected items