

# Foster Family Home - Deficiency Report

**Provider ID:** 1-200031

**Home Name:** Natividad Cabacungan, CNA

**Review ID:** 1-200031-11

1297 Kukila Street

Reviewer: Ryan Nakamura

Honolulu

HI

96818

Begin Date: 5/28/2025

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/28/2025).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #3.

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

Comment:

16.(c)(1): No evidence provided by CCFFH of written authorization of use/disclosure of client #1's information. No documentation provided.

Foster Family Home	Client Care and Services	[11-800-43]
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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 evidence provided by CCFFH of RN delegations were given by client #1 and client #2's case management agency for rectal suppository medication administration. No documentation provided.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given by client #1's case management agency for oxygen administration to any caregivers. No documentation provided.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given by client #3's case management agency for any tasks for CG#2 and CG#5.

# Foster Family Home - Deficiency Report

**Foster Family Home****Grievance****[11-800-45]**

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:
- 45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;
- 45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and
- 45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3): No evidence provided by CCFFH of client #1 received of information of CCFFH's grievance policies and procedures. No documentation provided of signed acknowledgement by client's representative.

**Foster Family Home****Quality Assurance****[11-800-50]**

- 50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a): Internal emergency management policy has a signature sheet that is not signed by CG#2 and CG#5.

**Foster Family Home****Client Rights****[11-800-53]**

- 53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a): No evidence provided by CCFFH of client #1 received client's rights. No documentation provided by CCFFH.

**Foster Family Home****Records****[11-800-54]**

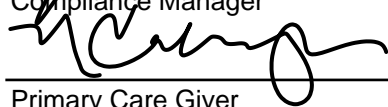
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(8): No documentation provided by CCFFH of inventory of client #1's personal belongings.



Compliance Manager



Primary Care Giver

5/28/25

Date

5/25/25

Date

CTA RN Compliance Manager: RYAN NAKAMURA RN

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: NATIVIDAD CABACUNGAN CNA

(PLEASE PRINT)

CCFFH Address: 1297 KUKILA ST. HONOLULU, HAWAII 96818

(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)	Current 1147 was done for client #3. It was faxed to me by client CMA. It was placed into the client record.	5/28/2025 6/13/25	Home will notify client CMA if form is not in the client folder. If missing follow up with CMA again until done. Create a checklist that needs to be done and make sure clients folder check every month.
16.(c)(1)	Client CMA was notified Staff came and delivered at home. It was placed into the clients record.	5/28/25 Called Delivered 6/2/25	Home will notify client CMA if form is not in the client folder. Or ask client CMA to check client folders when they come for monthly assessment. always check and verify clients folder and follow up with clients CMA until done.
43.(c)(3)	RN delegation was done for client #1 by the client CMA for rectal suppository medication and oxygen administration. It was placed into the clients record.	5/28/25 called 6/2/25 delivered	Home will notify client CMA. If form is not in the clients folder. When approved by client doctor. PCP always check and verify doctors order for any changes especially medication and for orders to CMA. Follow up if client record updated don't forget to file on clients record after.
43.(c)(3)	RN delegation was done for client #2 by client CMA for rectal suppository medication. It was placed into the clients record.	5/28/25	Home will notify client CMA if form is not in the clients record when prescribed by client doctor. PCP caregiver should for Dr. order to CMA. Follow up and ask for updated client record.

☒ All items that were corrected are attached to this POC

PCG's Signature: Natividad Cabacungan

Date: 6/17/2025

☒ CTA has reviewed all corrected items

Resubmitted 7/9/2025

Home will provide a checklist for forms to be placed into the client record

CTA RN Compliance Manager: RYAN NAKAMURA RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: NATIVIDAD CABACUNGAN CNA

(PLEASE PRINT)

CCFFH Address: 1297 KUKILA ST. HONOLULU, HAWAII 96818

(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?
43.(c)(3)	RN delegation were given by client #3's case management agency for any tasks for CG#2 and CG#5 was done by client #3 CMA. It was placed into the clients record. (Correction please. It should be CG#4 instead of CG#2) Thank you.	5/28/25	Home will notify CG#4 and CG#5 to sign the form tasks. It was missed book. Home should create a checklist that needed to be sign by new SCG. make sure that RN delegation is always in the client record. New SCG should be trained for the task and sign documents when they get hired.
45.(1)(2)(3)	Client #1 CMA came and delivered information of CCFFH's grievance policies and procedures. provided and signed by clients representative. It was placed into the clients record.	5/28/25 Delivered 6/2/25	Home should check documents when admitting new clients. make a practice to always verify or review the clients binder to prevent missing policies and procedures. If missing notify client CMA right away. Follow up until its complete. Home should provide a checklist

☒ All items that were corrected are attached to this POC

PCG's Signature: Natividad Cabacungan

Date: 6/17/2025  
Resubmitted 7/9/2025

☒ CTA has reviewed all corrected items

**Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: NATIVIDAD CABACUNGAN CNACCFFH Address: 1297 KUKILA ST. HONOLULU, HAWAII 96818  
(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?
50.(a)	Internal emergency management policy signature sheet was done by CG #4 and CG #5 by PCG. It was placed into the CCFFH home folder.	5/28/25	Home will notify CG #4 and CG #5 to sign the form for internal emergency management policy. Home shall provide a checklist that all new SCG needed to sign documents to be sign follow up and make sure its completed.
53.(a)	Client #1 evidence provided by CCFFH received client rights was done by client CMA and delivered to my home. It was placed into the client rights record.	5/28/25 Delivered 6/2/25	Home should check documents when admitting new client. always review and verify client binder documents every month to prevent missing clients record. Notify CMA right away if missing <del>form</del> follow up until its done. Home should provide a checklist
54.(c)(8)	Client #1 personal belongings was done by Client #1 PCG. It was placed into the client personal inventory record.	5/29/25	Home should do the personal inventory when client was admitted. Checked and verified that it was been done. make a checklist to go over clients personal belongings every month.

☒ All items that were corrected are attached to this POCPCG's Signature: Natividad CabacunganDate: 6/17/2025  
Resubmitted 7/9/2025☒ CTA has reviewed all corrected items