

Foster Family Home - Deficiency Report

Provider ID: 1-511916

Home Name: Cecilia Naboa, CNA

Review ID: 1-511916-18

98-340 Pono Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/12/2025

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 CCFFH inspection made for a 2 bed CCFFH recertification. CCFFH met all compliance requirements at the time of the inspection. No corrective action required.

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): No evidence present in CCFFH records of sex offender registry check for CG#1, CG#2, CG#3, and HHM#2.

8.(a)(2): No evidence present in CCFFH records of current APS/CAN clearance for CG#1. APS/CAN clearance was due by 7/18/2025.

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


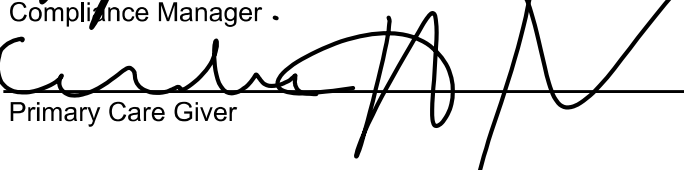
41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry check for CG#1.

41.(b)(7): Evidence present in CCFFH records of current TB clearance did not use CG#2 department approved TB clearance form.


Compliance Manager .

Primary Care Giver


Date
8/12/25
Date
8/12/25

CTA RN Compliance Manager: Ryan Nakamura RN

**Case Management Agency (CMA)
Written Plan of Correction (POC)
HAR 11-800**

Name on CMA License: Cecilia Naboa

(PLEASE PRINT)

CMA Address: 98-340 Pono St. Aiea, Hi. 96701

(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	No evidence of sex offender registry check for CG#1,CG#2,CG#3, and HHM#2. Obtained on website, searched and printed and placed in binder for records.	8/15/25	Will search sex offender for evidence of registry check for CG#1,CG#2,CG#3, and HHM#2 when it should be checked again. Will place reminder in home calendar at 3 months prior when it needs to be done.
8.a.2	Lapsed cannot be corrected. APS/CPN for CG#1 was due by 08/17/2025 however obtained APS/CPN background check on 08/26/2025 and placed in binder for records.	8/26/25	Will use home calendar for reminder 1 month prior of when APS/CPN background check is due.

☒ All items that were corrected are attached to this POCPCG's Signature: Date: 8/28/25☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura RN

**Case Management Agency (CMA)
Written Plan of Correction (POC)
HAR 11-800**

Name on CMA License: Cecilia Naboa

(PLEASE PRINT)

CMA Address: 98-340 Pono St. Aiea, Hi. 96701

(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	No evidence of records of CNA prometric registry check for CG#1 however obtained CNA prometric registry and placed in binder for records.	8/15/25	Will search Hawaii Stated Nurse Aide Registry for prometric registry for CG#1 at least 3 weeks prior to when it should be checked or due by.
41.b.7	Used incorrect TB clearance form however updated and used department approved TB clearance form with MD signature and placed in binder for records for CG#2.	8/15/25	Will use updated department approved TB clearance form with MD signature for next renewal or update of TB clearance.

☒ All items that were corrected are attached to this POC
PCG's Signature: Date: 8/28/25
☒ CTA has reviewed all corrected items