

Foster Family Home - Deficiency Report

Provider ID: 4-250002

Home Name: Camille Cadano, LPN

Review ID: 4-250002-4

201 Paka Place

Reviewer: David Ayling

Kihei HI 96753

Begin Date: 11/18/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. CCFFH currently has no clients. Deficiency Report issued during home inspection with written plan of correction due to CTA by 12/13/25.

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


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.(b)(8) - No current CPR/First Aid for CG #2.

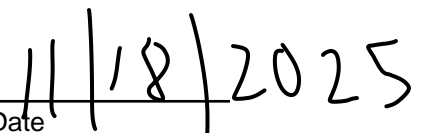
41.(c) - No In-service training (12 hrs) for CG #1.



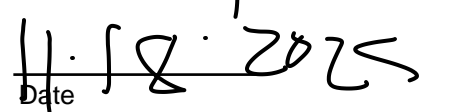
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: David Ayling

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

PCG's Name on CCFFH Certificate: Camille Cadano
(PLEASE PRINT)

CCFFH Address: 201 Paka Place Kihei HI 96753
(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)	I have found the current CPR/First Aid for CCG #2 placed in the designated binder.	01/08/26	I will ensure that the binder is properly organized with tabs correctly labeled for each caregiver, so that it is easily accessible for state review.
41.(c)	I have printed out my recent Relias transcripts and placed it in the designated binder.	01/30/26	I will review my Relias Learning progress every first day of the month to ensure timely completion of the required 12 hours of annual training. For reminders, I will input both in my phone reminders and calendar.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/30/26

CTA has reviewed all corrected items