

Foster Family Home - Deficiency Report

Provider ID: 1-633728

Home Name: Lorna Macaburas, CNA

1459 Hoohaku Street

Pearl City HI 96782

Review ID: 1-633728-17

Reviewer: Ryan Nakamura

Begin Date: 11/6/2025

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 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: 11/06/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1 and client #3.

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 evidence present in client records of RN delegations given by client #1's case management agency for oxygen, nebulizer and rectal suppository medication administration for CG#1, CG#2, CG#3, and CG#4.

No evidence present in client records of RN delegations given by client #2's case management agency for eye drop, nasal spray, and nebulizer medication administration for CG#1, CG#2, CG#3, and CG#4.

No evidence present in client records of RN delegations given by client #3's case management agency for topical medication administration for CG#1, CG#2, CG#3, and CG#4.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2): No evidence present in CCFFH records of CG#3 conducted a fire drill in the past year.

Foster Family Home Records [11-800-54]

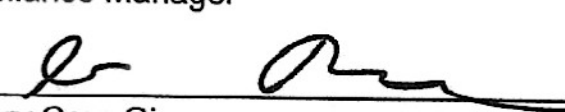
54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)(6): No daily documentation present in client records of medication administration and ADL/skilled nursing checklist for client #1, #2, and #3 since 11/02/2025.


Compliance Manager


Primary Care Giver

11/6/25
Date

11/6/25
Date

CTA RN Compliance Manager: Ryan Nakamura RN BSN

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

PCG's Name on CCFFH Certificate: Lorna Macaburas

(PLEASE PRINT)

CCFFH Address: 1459 Hoohaku St. Pearl City Hawaii 96782

(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)	1147 assessment was obtained for client #1 and client #3 and is now kept in client binder.	11/7/25	Home will notify client CMA that 1147 assessment needs to be in the client binder after renewing yearly.
43.(c)(3)	RN delegation for client #1, client #2, client #3 was done for CG#1,CG#2,CG#3,CG#4 by the clients CMA. It was placed into the clients record.	11/7/25	Home will notify clients CMA that RN delegation needs to be done 1 week of CG being added to the home.
46.(b)(2)	Fire drill was conducted by CG#3. It was placed into home record.	2/9/26	CG#1 will use a wall calendar to schedule PCG,SCG monthly training in various times.
54.(c)(5) (6)	MAR and ADL for client #1,client #2 and client #3 was updated and signed by PCG on clients chart.	11/7/25	PCG will sign everytime after giving a medication and will double check at all MAR,ADL records to ensure they are signed daily.

All items that were corrected are attached to this POC

PCG's Signature: _____

Date: 2/10/2026

CTA has reviewed all corrected items