

Foster Family Home - Deficiency Report

Provider ID: 2-160093

Home Name: Marites Cabaccang, CNA

Review ID: 2-160093-16

15-1505 28th Ave Poha Street

Reviewer: Ryan Nakamura

Kea'au

HI 96749

Begin Date: 9/29/2025

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: 9/29/2025).

6.(d)(1): No evidence present in client records of current 1147 assessment for client #1. 1147 assessment present in client records expired 6/1/2025.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training completed for CG#4.

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

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(2): No evidence present in CCFFH records of CNA prometric registry check conducted for CG#7.

41.(b)(4): No evidence present in CCFFH records of substitute caregiver disclosure form completed for CG#6.

41.(b)(7): Current TB clearance not signed by APRN/MD/DO/NP for CG#1 and CG#6.

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

41.(f)(1): No evidence present in CCFFH records of TB clearance for minor HHM. Last TB clearance present in records dated 10/26/2022.

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Medication and Nutrition

[11-800-47]

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 evidence present in CCFFH records of physician order for use of full bed side rails for client #1. Use of full side rails are not addressed in client #1's current service plan.

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Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3): Call bells for client #1 and #2 found in clients' bedrooms did not work during CTA's inspection. No evidence of effective method of communication to PCG's bedroom, which is in different section of home with a different entrance.

No evidence of consent of signed written consent for use of camera/monitor in client's bedroom for client #1.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan signed by client/POA for client #1 and client #2.


54.(c)(8): No documentation present in CCFFH records of inventory of personal belongings for client #1 and client #2.




Compliance Manager



Primary Care Giver



Date



Date