

Foster Family Home - Deficiency Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-19

94-745 Kime Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 1/15/2026

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 10 business days (inspection date: 1/15/2026).

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(c) Fire The home shall assure that: the client who is bed bound, unable to transfer themselves or unable to make independent decisions about individual safety or otherwise not able to make it to safety in the event of an emergency (non-self preserving) shall have a designated person available at all times capable of evacuating the client

Comment:

(3P)(c) Fire: CCFFH admitted 3 bedbound client that all require hooyer lift to assist to transfer. Only CG#1 was present at CCFFH at time of inspection. No evidence of designated person for each bedbound client and trained to assist in case of evacuation of client.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Indoor stove top used in CCFFH is operated with propane and intended for outdoor use only.

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

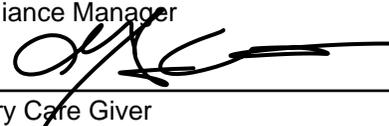
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No evidence present in client records of signed consent/acknowledgement for use of camera/monitor in client's common areas for client #1.



Compliance Manager



Primary Care Giver


Date


Date