

Foster Family Home - Deficiency Report

Provider ID: 1-170099

Home Name: Daisy Cablayan, CNA

Review ID: 1-170099-17

1828 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 10/24/2025

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 10/24/25).

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 confidentiality policies and procedures and client privacy rights training present for CG#2, CG#5, CG#6, and HHM#3.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(a)(3)- CG#5 and CG#6 were without the Job experience document completed.

41.(b)(8)- CG#6's CPR/Basic First Aid certification lapsed on 8/20/25 and no current certificate was present.

Maribel Nakamine 10/24/25
Compliance Manager
[Signature] 10/24/25
Primary Care Giver Date