

Foster Family Home - Deficiency Report

Provider ID: 2-240049

Home Name: Kharen Cabuyadao, LPN

Review ID: 2-240049-4

14 Kehaulani Street

Reviewer: Po Lim

Hilo HI 96720

Begin Date: 3/9/2026

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 inspection for a 2 bed CCFFH re-certification.

Deficiency Report issued during CCFFH inspection via email on 3/9/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2. CG#2 TB clearance was not recorded on the State standardized form.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#3. CG#3 requires 8 hours of in-service training, but had only 3 hours attended in 2025.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.


Comment:


46.(a) - Last fire drill present in record was documented on 1/30/2026. No fire drill documentation present for February 2026.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: PO LIM Rh

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

PCG's Name on CCFFH Certificate: KHAREN CABUYADAO
(PLEASE PRINT)

CCFFH Address: 14 Kehaulani St. Hilo, HI 96720
(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)(7)	Attached the record for TB clearance with DOH guideline. Primary care giver and CG#2	03-10-26	I continue updated the TB clearance annually by using the form from DOH and put the due date in my cellphone calendar.
41. (C)	Primary caregiver attached the 12hrs certificate, together with substitute caregiver 8 hrs continue training certificate.	03-12-26	I put in my calendar from the beginning of 1st month of the year, I inform my CG's will complete in-service training by the end of the year,
46 (a)	Attached the current latest fire drill. February 2026 was late to recorded.	03-10-26	Updated the fire drill documentation. I put in my Cellphone calendar, for every 1st day of every month. Caregiver substitute must be present.

All items that were corrected are attached to this POC

PCG's Signature: [Signature]

Date: 3-23-26

CTA has reviewed all corrected items