

# Foster Family Home - Deficiency Report

Provider ID: 1-200031

Home Name: Natividad Cabacungan, CNA

Review ID: 1-200031-13

1297 Kukila Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 3/19/2026

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 3/26/26.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) - Sex Offender Check has street address and city on the form for CG #5. Needs to be removed.

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

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

Comment:

41.(a)(2) - No current Prometric verification check done for CG #4. Expired on 11/30/2025.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff - Sign In/Sign out not done for 2025, started up again Feb 2026.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - CG #5 has not led a fire drill since 2024.

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Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

50.(c) The home shall inform the case management agency of any changes occurring in the client's behavior and functioning that may necessitate a change and update of the client's service plan. A verbal report shall be made to the case management agency serving the client within twenty-four hours of the occurrence of any of the following:

Comment:

50.(b), 50.(b)(1), 50.(b)(2), 50.(c) - For client #2, adverse event not reported verbally within 24 hours, and written report not sent within 72 hours. No update on Service Plan.

Foster Family Home


Records


[11-800-54]

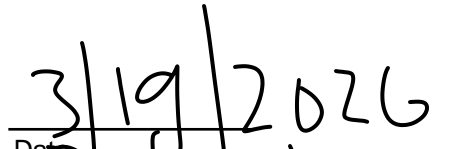
54.(c)(5) Medication schedule checklist;


Comment:

54.(c)(5) - Medications not charted on the MAR since 3/11/2026 for client #1. Desogestrel-ethinyl estradiol still on MAR after being discontinued for client #1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date