

# Foster Family Home - Deficiency Report

Provider ID: 1-120001

Home Name: Starlyn Cabading, CNA

Review ID: 1-120001-20

91-1061 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/18/2025

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/18/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2. CG#2 requires 8 hours of in-service training, but had only 2 hours attended in 2024.

## 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a) - Last fire drill present in record was documented on 8/2025. No fire drill documentation present for September 2025 and October 2025.

46.(b)(2)- CG# 4 did not have evidence of conducting a monthly fire drill within the past 12 months.

## Foster Family Home Records [11-800-54]

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

Comment:

54(c)(2) No current signature of POA for service plan present for Client# 1.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

CTA RN Compliance Manager: Po Lim

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

PCG's Name on CCFFH Certificate: Starlyn Cabading  
(PLEASE PRINT)

CCFFH Address: 91-1061 Kauiki Street, Ewa Beach, HI 96706  
(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.(c)	CG #2 In-service training Lapsed cannot be corrected	11/19/25	Home will make sure to get completed requirements for all the CGs and filled in the binder. <i>PCG will make sure to have a reminder/put on binder...</i> CG #1 will alternate CGs in charge as the leader during fire drill and will conduct it at different dates and times in at night.  Home will keep a calendar record for each month on who and what time the fire drill. Home will utilize & synchronize calendar with phone alerts for reminders.  Home will have the agreement signed by the POA / client representative as soon as the copy of plan given.
46.(a)	Fire Drill. Lapsed cannot be corrected.	11/19/25	
46.(b)(2)	CG #1,2,3,4, has been assigned to do each month on who and time.	11/19/25	
54.(c)(2)	CG #4 Lapsed cannot be corrected. has been assigned to do this month's fire drill.	11/19/25	
	POA signature for client #1 Signature updated and completed. It was placed in the client binder.		

All items that were corrected are attached to this POC

PCG's Signature: *Starlyn Cabading*

Date: 11/19/25

CTA has reviewed all corrected items