

Foster Family Home - Deficiency Report

Provider ID: 2-585599

Home Name: Susana Caban, CNA

Review ID: 2-585599-22

204 A East Kinai Place

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 3 bed CCFFH re-certification.

42.a Client#2 Form 1147 has expired on 7/28/2025.

Deficiency Report issued during CCFFH inspection via email on 3/09/2026 with Plan of Correction due to CTA within 10 days of inspection date of issuance.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) Sex Offender check are not present for CG#2, #3, and #4.

8(a)(2) APS/CAN checks were overdue for CG#2 and CG#4.

CG#2 APS/CAN was due on or before 2/18/2024 and was not present in the CCFFH file.

CG#4 APS/CAN was due on or before 2/27/2026 and was not present in the CCFFH file.

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Personnel and Staffing

[11-800-41]

41.(a)(2)	Be a NA, an LPN, or RN;
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)(4)	Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).
41.(b)(7)	Have a current tuberculosis clearance that meets department guidelines; and
41.(b)(8)	Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
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.
41.(h)	The primary caregiver shall ensure that all substitute caregivers are approved by the department prior to providing services and shall provide a verbal and written report of all substitute caregiver changes, including additions, terminations and replacements, to the department.

Comment:

41(a)(2) CNA Prometric registry check are not present for CG#4.

CG#4 CNA License had expired on 10/31/2022 and no current license on the file.

41(a)(3) No job experience form present for CG#2.

41.b.4. Disclosure form was not up to date for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#2, #3, and #4.
 CG#2 TB clearance expired, was due on/before 3/25/2024, and was not present in the file.
 CG#3 TB clearance expired, was due on/before 5/19/2022, and was not present in the file.
 CG#4 TB clearance was not recorded on the State standardized form.

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid / Bloodborne Pathogen/Infection control training for CG#2 and CG#4.
 CG#2 CPR/1st Aid was due on/before 1/31/2024 and not current not present in the file.

CG#4 CPR/1st Aid was due on/before 1/31/2026 and not current not present in the file.

CCFFH had lapse on Bloodborne Pathogen/Infection control training for CG#1 and CG#2. It was due on/before 1/2/2026 and was completed on 1/29/2026.

CCFFH had no proof of previous Bloodborne Pathogen/Infection control training taken for year 2025 for CG#3 and CG#4. Current certificate in files id dated 1/29/2026.

41.(c) CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, and #3.
 CG#1 and CG#2 requires 12 hours of in-service training, but had only 6 hours attended in 2025.

No annual in-service training hours for CG#4 for 2025 present in record. CG#4 was required to have 12 hours in 2025.

41.(h) No CG approval form present for CG #2.

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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) No evidence that a 3-bed sign out sheet was in use at the CCFFH since 3/1/2023. CTA Compliance manager was unable to verify the number of hours CG#2 (NA), worked in a day or week.

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

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

Comment:

(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly / included each CG at least once per year. CCFFH was missing fire drill from 2/2025 through 11/2025. CG#3 had not performed a fire drill in the past 12 months.

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Physical Environment

[11-800-49]

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(e)(2) The CCFFH did not have a smoking policy that designated areas that may be used for the purpose of smoking.

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Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. Policy is not filled out completely nor signed by the CGs.

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Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The CCFFH had documentation of limited visiting hours/visiting restrictions. Per Federal Regulations, visiting hours cannot be restricted or limited for the client without specific reasons identified in the client's service plan which the client agrees to.

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Records

[11-800-54]

54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.e CCFFH have a previous client binder who was discharged on 4/27/2025.

Compliance Manager

Primary Care Giver

Date

Date