

# Foster Family Home - Deficiency Report

Provider ID: 1-100066

Home Name: Charity Sabangan, NA

Review ID: 1-100066-18

94-1124 Kahuanui Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 4/22/2026

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 4/22/2026).

## 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): Criminal background check was due 5/22/2025 by CG#2, due by 7/7/2025 for CG#4, due by 6/15/2025 for HHM#2, and due by 5/30/2025 for HHM#3.

8.(a)(2): APS/CAN clearance was due by 6/6/2025 for CG#2, due by 6/15/2025 for HHM#2, and due by 5/30/2025 for HHM#3.

8.(a)(1)(2): No evidence of second set of fingerprint background checks completed for HHM#6 and HHM#7. Second set of fingerprint background checks for HHM#6 and HHM#7 were due by 6/23/2023.

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## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(7): Evidence of lapse present in CCFFH records of TB clearance for CG#1. TB clearance was due by 7/1/2024 and completed 12/05/2025 for CG#1.

TB clearance was due by 7/1/2024 for CG#2.

41.(b)(8): Bloodborne pathogen training was due by 5/2/2025 for CG#1 and CG#2.

41.(c): Zero hours of in-service training completed in 2025 for CG#1 and CG#2.

41.(g): No evidence present in client #1's records of basic caregiver skills checked for CG#2, CG#3, and CG#4.

## Foster Family Home

## Client Care and Services

[11-800-43]

- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client #1's records of RN delegations given of any tasks for CG#2, CG#3, CG#4.

No evidence present in client #1's records of RN delegations given for eye drop and nebulizer medication administration for all caregivers.

## Foster Family Home

## Physical Environment

[11-800-49]

- 49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5): Unable to test smoke detector successfully due to smoke detectors were removed from ceiling.

  
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Compliance Manager

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

4/22/26  
\_\_\_\_\_  
Date

4/22/26  
\_\_\_\_\_  
Date