Foster Family Home - Deficiency Report

Provider ID:	**2-250082**		
Home Name:	**Cirilo Caban, CNA**	**Review ID:**	**2-250082-3**
2133 Kilauea Avenue		Reviewer:	Ryan Nakamura
Hilo HI 96720		Begin Date:	6/24/2026

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: 6/24/2026).

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;

Comment:

8.(a)(1): No evidence present in CCFFH records of sex offender search completed for CG#3.

Foster Family Home **Information Confidentiality** **[11-800-16]**

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality training was completed for CG#2 and CG#3.

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

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

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

Comment:

41.(a)(2): No evidence present in CCFFH records of Prometric CNA Registry check completed for CG#1, CG#2, and CG#3.

41.(b)(7): TB clearance was due by 2/13/2026 for CG#1 and CG#2.

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): No evidence present in CCFFH records of fire drills conducted on months of 4/2026 and 5/2026 by any caregivers.

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Foster Family Home	Medication and Nutrition	[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order for use of bed side rails for client #1 and #2.

Foster Family Home	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:

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(a): No evidence present in CCFFH records of CCFFH's internal emergency management/preparedness policy.

50.(e): The CCFFH has a locked gate at the sidewalk that lacks a communication method to inside the CCFFH for quick access into the CCFFH by visitors.

Foster Family Home	Records	[11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)(6): No daily documentation of medication administration and ADL/skilled nursing checklist for client #2 from 6/20/2026 to 6/24/2026.

Compliance Manager — Date 6/24/26

Primary Care Giver — Date 6/24/26