

# Foster Family Home - Deficiency Report

Provider ID: 1-190022

Home Name: Arceli Acio, CNA

Review ID: 1-190022-8

94-478 Kipou Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 12/7/2022

## 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 annual inspection conducted. Deficiency Report issued during CCFFH inspection with a plan of correction due to CTA on 01/07/2023

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

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

Comment:

CG#3 TB clearance lapsed on 11/2/2022 with no current results in binder.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

12/7/22  
\_\_\_\_\_  
Date  
12/7/22  
\_\_\_\_\_  
Date