

Foster Family Home - Deficiency Report

Provider ID: 3-626070

Home Name: Almira Acasio, CNA

Review ID: 3-626070-21

76-6183 Holualoa Beach
Road

Reviewer: Maribel Nakamine

Kailua-Kona HI 96740

Begin Date: 7/21/2025

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/21/25).

6.d.1- No 1147 form present in Client #1's chart.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- No fingerprint result present for HHM#1.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(5)- No picture ID present for CG#2.

41.(b)(7), (f), (f)(1)- CG#1 and HHM#1's TB clearances dated 4/24/25 were not documented on a department approved form.

Foster Family Home	Client Care and Services	[11-800-43]
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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 RN delegations present for oral medication administration for CG#2 in Client #3's chart.

Foster Family Home - Deficiency Report

Foster Family Home

Client Rights

[11-800-53]

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

Comment:

53.(b)(15)- No visiting policy present.

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;

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

Comment:

54.(c)(2)- Client #1's Service Plans dated 7/12/24 and 1/9/25 were without the POA's signature. Client #2's Service Plan dated 5/15/25 was signed by CG#1 (PCG) as legal representative- no legal document was present in client's chart documenting that CG#1 as legal representative. Client #3's Service Plan dated 4/4/25 without the POA's signature.

54.(c)(5)- Medications and MARs (Medication Administration Records) discrepancies were noted for Client #1, Client #2, and Client #3.

Client #1- Colace/Senna was not written in client's MAR for July 2025.

Client #2- Client's MAR was last completed/signed on 7/19/25.

Client #3- Metformin medication was discontinued by MD since 5/6/25- client's MAR showed as active and with CG#1's signature from 7/1/25-7/19/25. Coumadin label did not match with client's MAR and unable to verify/reconcile current dosage as there was not a current MD order in chart. Symbicort medication was not available during medication review but had been signed as given. Metoprolol label didn't match with the MAR & MD's order; label 25mg give 1/2 tab at bedtime and the MAR and MD's order stated give 12.5 mg twice a day. Warfarin medication unable to verify accuracy of MAR and medication's label as there was no MD order written in client's chart. MAR was last completed/signed on 7/19/25.

Maribel Nakamine, R 7/21/25
Compliance Manager
Alga
Primary Care Giver
Date 7/21/25

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Almira Acasio


(PLEASE PRINT)

CCFFH Address: 76-6183 Holualoa Beach Road, Kailua Kona, HI 96740

(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?
6.d.1	1147 form for client # 1 was obtained from CMA. It was placed on the client's record.	7/24/25	Home/PCG will ensure to get a copy of client's 1147 from CMA not later than 15 days after renewal. Create a spreadsheet indicating client's 1147 renewal date and a date to follow up and/or receive a copy of 1147 from CMA.
8.a.1	Fingerprint for HHM#1 was misfiled. Was taken on 8/6/2008. It was placed on HHM#1 record.	7/24/25	Home/PCG will create a spreadsheet on laptop containing forms due date and renewal date (30 days before due) to prevent from expiring. PCG will inform HHM's and SCG's that a form is due 30 days before due date.
41.b.5	Obtained a driver's license (picture ID) copy for CG# 2. It was placed on SCG's record. Also created an Alternate Transportation Plan	7/24/25	Home/PCG will create a checklist for all items required for ALL HHM's and SCG's.
41.b.7 41.f 41.f.1	Obtained a DOH approved TB form and asked PCP to transfer previous TB results for CG#1 & HHM#1. It was placed on each person's record.	7/24/25	Home/PCG to ensure/download approved TB forms from CTA website before going to PCP for annual TB test.

☒ All items that were corrected are attached to this POC

PCG's Signature: 

Date: 08/04/2025

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

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

PCG's Name on CCFFH Certificate: Almira Acasio

(PLEASE PRINT)

CCFFH Address: 76-6183 Holualoa Beach Road, Kailua Kona, HI 96740

(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?
43.c.3	RN Delegation for Client's # 3 Oral Medication Administration for CG#2. It was placed on Client's record	7/31/25	Home/PCG to notify/ask Client's CMA for RN Delegation for newly ordered/prescribed medicine that needed RN Delegation on the day it was prescribed and should be delegated not later than 3 days after it was ordered. For new SCG's - RN Delegation should be done not later than 30 days.
53.b.15	Downloaded and printed Admission Policy & Agreement form the CTA website. It was placed on PCG/Home and Client's Records.	7/21/25	Home/PCG will include the Policy and Agreement on the checklist that are needed when admitting new clients.
54.c.2	Obtained signature from POA for Client#1 & Client#3. Was placed on the Clients Records. Obtained signature Client for client#2. (PCG mistakenly signed) Client still able to sign. Client legal guardian out the State.	7/28/25	Home to ensure that POA's and/or Client signed the newly updated Service Plan signature page not later than 30 days upon receiving the updated service plan from CMA
54.c.5	Medication Discrepancies was corrected by Client's CMA, MD & PCG for Clients #1#2#3 on Medication Administration Record	7/24/25	PCG will look that all medication administration records and medication bottles to ensure they are match before giving the medication. Also to ensure that they are match or have a MD medication order. PCG will immediately notify CMA, Pharmacy and/or PCP for any discrepancy.

☒ All items that were corrected are attached to this POC

PCG's Signature: Almira Acasio

Date: 08/03/2025

☒ CTA has reviewed all corrected items