

Foster Family Home - Deficiency Report

Provider ID: 1-090030

Home Name: Carol Alcaraz, CNA

Review ID: 1-090030-1

91-928 Ahona Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 7/24/2025

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) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 8/24/25.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2) - No grab bars for toilet in client's bathroom.


Compliance Manager


Primary Care Giver

7/24/2025
Date

7/24/25
Date

CTA RN Compliance Manager:

David Ayling, RN

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

PCG's Name on CCFFH Certificate:

Carol Alcaraz

(PLEASE PRINT)

CCFFH Address:

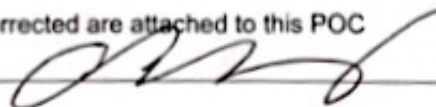
91-928 Athona St. Ewa Beach, HI 96706

(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?
49.a.2	I put a grab bar chair in the clients bathroom		I will always have a grab bar chair in my clients bathroom

☒ All items that were corrected are attached to this POC

PCG's Signature:



Date:

7/28/25☒ CTA has reviewed all corrected items