

# Foster Family Home - Deficiency Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-24

1430 Haloa Drive

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 12/23/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/23/26.

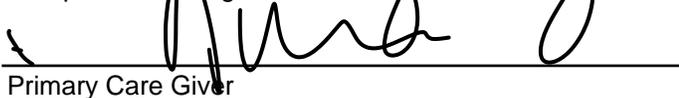
## Foster Family Home Records [11-800-54]

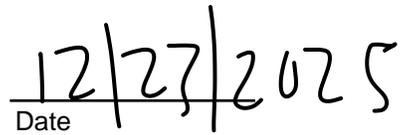
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Medication name on bottle and MAR is different from Doctor's order. Nifedipine XL 90 mg PO QD is the written Doctor's order. Nifedipine ER 90 mg PO QD is the on the medication bottle and the MAR.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

CTA RN Compliance Manager: SUSAN CLARK DAVE AYLING, RN

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

PCG's Name on CCFFH Certificate: ARACELI M. DANA O  
(PLEASE PRINT)

CCFFH Address: 1430 HALOA DRIVE, HONOLULU, HAWAII 96818  
(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?
54(C)(5)	New medication M order obtained and updated. From Nifenidine XL 90mg PO QD to Nifenidine ER 90mg PO QD.	01/21/26	CCFFH will double check all medication against the Doctor's order, med bottle label and MAR prior to administering medication. If any does not match will notify CMA, RN, MD or pharmacy for correction

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 01/22/2026

CTA has reviewed all corrected items