

# Foster Family Home - Deficiency Report

Provider ID: 2-140001

Home Name: Arcelie Weaver Tagalicud,  
CNA

1393 Komohana Street

Hilo HI 96720

Review ID: 2-140001-22

Reviewer: Po Lim

Begin Date: 10/30/2025

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

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

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Client#1 Form 1147 is not present in the client binder.

Client #2 Form 1147 is expired on 8/8/2025.

Deficiency Report issued during CCFFH inspection via email on 10/30/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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) Second Fingerprint check is overdue for HHM#2. HHM#2 was recently added to Household.

Second Fingerprint check is overdue for HHM#3. HHM#3 missed the 12 months period requirements.

Sex Offender check are not present for HHM#2.

## 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 proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, CG#3, HHM#1, and HHM#2.

# Foster Family Home - Deficiency Report

## Foster Family Home

## Personnel and Staffing

[11-800-41]

- 41.(b)(5)(C)(i) Have a valid driver's license;
- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and
- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.
- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.b.5.c.i CG#3 identification is not present in the file.

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#3. CG#3 TB clearance expired, was due on/before 8/29/2025.

No current TB clearance or exclusion for HHM#1, #2, and #3.  
HHM#1 TB clearance was due on or before 10/06/2024 and was not completed.  
HHM#2 TB clearance was not present in the file.  
HHM#3 TB clearance was due on or before 5/6/2025 and was not completed.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG#3. It was not present in the file.

41.g. No basic skills check present in Client#1 record for CG#3.

## Foster Family Home

## Client Care and Services

[11-800-43]

- 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 delegation present for Client #1 for CG#3.

## Foster Family Home

## Client Rights

[11-800-53]

- 53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.b.9 - Client#1 and Client#2 bedrooms are supposed to allow clients to lock them from inside for privacy. The door knobs locks from the outside of the room not allowing the clients to lock and unlock them.

# Foster Family Home - Deficiency Report

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)(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)(2) No current service plan present for Client#1. Last one in record is dated 12/27/2024.

54(c)(6) Client#1 did not have evidence of RN monthly visit notes for 09/2025.

  
RN  
Amy Anderson

10/30/2025  
10/30/2025

CTA RN Compliance Manager: LAURIE VOSLER, LPN

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

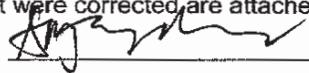
PCG's Name on CCFFH Certificate: ARCELIE WEAVER

(PLEASE PRINT)

CCFFH Address: 1393 KOMOHANA ST, HILO HI 96720

(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 For client #1 found the copy and placed it into the client binder	NOV. 03 2025	-Home will notify client's CMA about missing documents on the day of admission
	-147 for client #2 obtains a copy from CMA and placed into client's binder (see faxed document)	NOV. 01 2025	- Home will organize the document that's been received and placed right away in each client binder
8(a)(1)	-Lapse cannot be corrected for HHM #2 -Lapse cannot be corrected for HHM#3	NOV. 03 2025 NOV. 05 2025	- Home will put all fingerprint due dates on wall calendar. Background checks will be done at least once a week before due dates to prevent future lapses.
	-Sex offender check obtained for HHM#2 (see faxed document)	NOV. 03 2025	- Home will check the website for the requirements for HHM
16(b)(5)	-Training done for CG #2 CG #3 HHM #1 HHM #2. It was placed into home record.	NOV. 03 2025	-Home will notify CG and HHM about training being done within a week of new CG and HHM prior to being added to the home
41(b)(5)(c)(i)	-Obtain proof of valid identification for CG#3. It was placed into home record	NOV. 05 2025	-Home will have reminder notes to CG's to provide a copy for home record

 All items that were corrected are attached to this POCPCG's Signature: Date: 12/26/25 CTA has reviewed all corrected items

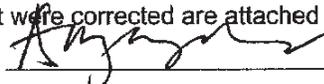
CTA RN Compliance Manager: LAURIE VOSLER, LPN

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

PCG's Name on CCFFH Certificate: ARCELIE WEAVER  
(PLEASE PRINT)

CCFFH Address: 1393 KOMOHANA ST, HILO HI 96720  
(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?
41(b)(7)	2025 Tb clearance was obtained for AUG. 8 2025 CG#3 (see faxed document)	NOV 24. 2025	Home will set reminders on phone and wall calendar one month prior to CG;s TB expiration date to prevent future lapses
41(b)(8)	2025 bloodborne pathogen/infection control for CG#3 was obtained SEP. 24 2025 and placed into home record	NOV 24. 2025	Home will check CG's paper works upon adding to the home and will use laptop to track and prevent future lapse
41(g)	Basic skills check for CGQ#3 (client 1) was obtained and placed into client's record (see faxed document)	NOV. 18 2025	Home will notify client's CMA to educate CG's before prior before being substitute for the clients
43(c)	RN Delegation was done for CG#3 by client's CMA. It was placed into the client's Record	NOV. 05 2025	Home will notify client's CMA that RN delegation needs to be done within a week prior to being added into the home
53(b)(9)	Client room #1 and client room #2 doorknobs have been fixed; doorknob can now be locked from the inside	NOV. 03 2025	Home will respect and pull consideration of client's dignity and individuality and make sure that locks on doorknobs are on the right side so client can have his/her right to privacy

All items that were corrected are attached to this POC  
PCG's Signature: 

Date: 12/26/25

CTA has reviewed all corrected items

CTA RN Compliance Manager: Laurie Vosler, LPN

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

PCG's Name on CCFFH Certificate: ARCELIE WEAVER  
(PLEASE PRINT)

CCFFH Address: 1393 KOMOHANA ST, HILO HI 96720  
(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)(2)	-Obtained client #1 service plan and placed it on the client's binder record (see faxed document)	NOV. 10 2025	-Home will set a reminder on phone and wall calendar for service plan updates and expiration date to prevent future lapse
54(c)(6)	-RN monthly visit notes for client #1 obtained a copy of missing RN monthly visit notes	NOV. 01 2025	-Home will set reminder on phone and wall calendar to check binder on the first week of the month to ensure all documents were put in the proper tab

All items that were corrected are attached to this POC

PCG's Signature: *Arclie Weaver*

Date: 12/22/25

CTA has reviewed all corrected items