

# Foster Family Home - Deficiency Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-18

94-048 Poailani Circle

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 3/3/2026

## 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 inspection for a 2 bed CCFFH re-certification.

Client#2 Form 1147 was expired on 2/9/2026.

Deficiency Report issued during CCFFH inspection via email on 3/3/2026 with Plan of Correction due to CTA within 10 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#4 , was due on/before 9/2/2024, (HHM#4 turned 18 years old).

Sex Offender check are not present for HHM#4.

## 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;

Comment:

54(c)(2) No current signature of POA for service plan present for Client#1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date