

# Foster Family Home - Deficiency Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-19

94-1219 Henokea Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/6/2026

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days of inspection (inspection date: 2/6/2026).

## Foster Family Home Personnel and Staffing [11-800-41]

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.

Comment:

41.(b)(7): TB clearance was due by 6/21/2025 for CG#2.

41.(b)(8): No evidence present in CCFFH records of first aid training for CG#2.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence present in client records of physician order of use bed siderails for client #1 and #2.

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

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1): No evacuation map present in CCFFH records of current home layout.



Compliance Manager



Primary Care Giver

2/6/26  
Date

2/6/26  
Date