

Foster Family Home - Deficiency Report

Provider ID: 1-616279

Home Name: Ligaya Bercasio, RN

Review ID: 1-616279-16

94-500 Alpine Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 2/5/2026

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 (inspection date: 2/5/2026).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Current TB clearance not signed by MD/APRN/DO/NP for CG#1 and CG#5. CG#5's TB clearance was documented on unapproved state TB clearance document.

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): Belongings that do not belong to client found in client #1 and #2's bedroom. Client #1's bedroom contained clothes for client #2. Client #2's bedroom contained belongings for CG#2.



Compliance Manager



Primary Care Giver



Date



Date

CTA has reviewed all corrected items

PCG's Signature: 

All items that were corrected are attached to this POC

Date: 2/5/26

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)	Current report to CCFH signed by PCG (M) and approved by CTA and signed for CTA & signed used.	2/5/26	PCG's report updated for CTA & Dept. of Health Newsletter for any documents changes. MAKE & copy for furniture use.
53. (b)(7) & (b)(8) & (b)(9)	Client #1 removed from designated room. To protect clients to protect clients BELOPHOS clients #1 & #2. TO CLIENT #1 & #2. NO MIXED BELOPHOS SAME AS CLIENT #2.	2/5/26	Each client has its own chairs/couch in the room. If possible and when each client arrived to clients own IT TO CLIENTS OWN ROOM.

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

CTA RN Compliance Manager: RYAN NAKAMURA

PCG's Name on CCFH Certificate: LIGAYA BERCAASIO
CCFH Address: 94-500 ALAPINE ST. WALPITA HI. 96797
(PLEASE PRINT)