

Foster Family Home - Deficiency Report

Provider ID: 1-210006

Home Name: Mariacita S. Aceret, CNA

Review ID: 1-210006-12

94-1104 Kahuamo Street

Reviewer: Deborah Baumgart

Waipahu

HI 96797

Begin Date: 12/18/2025

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 annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/18/2025)

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#2 APS/CAN lapsed 9/12/2025 was done on 12/09/2025. Fingerprint lapsed 9/12/2025 Ecrim done 9/16/2025. HHM#1 APS/CAN fingerprint lapsed 6/2/2024 was done on 6/17/2024.



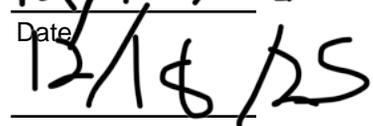
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Deborah Baumgart LPN

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

PCG's Name on CCFFH Certificate: MARIAITA S. ACEREI
(PLEASE PRINT)

CCFFH Address: 94-1104 KAHUAMO ST WAIPAHU, HI, 96797
(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?
8.(a) (1) (2)	CG#2 AND HHM#1, APS AND CAN ARE LARSED CANNOT BE CORRECTED.	12/9/2025 9/14/2025 6/17/2024	PRIMARY CAREGIVER WILL USE CALENDAR BEFORE THE EXPIRATION DATE MUST BE COMPLETED.

All items that were corrected are attached to this POC

PCG's Signature: *Mariaita S. Acerei*

Date: 01/06/2026

CTA has reviewed all corrected items