

Foster Family Home - Deficiency Report

Provider ID: 1-220005

Home Name: Ronalyn Alviar, NA

Review ID: 1-220005-9

94-1108 Hilihua Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 12/22/2025

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 2 bed re-certification inspection.


Deficiency Report issued during CCFFH inspection via email on 12/22/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

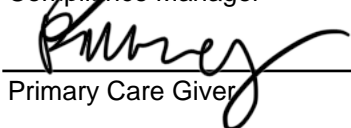
Foster Family Home Background Checks [11-800-8]

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

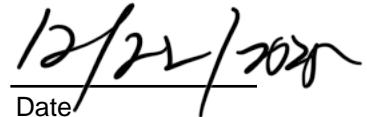
Comment:

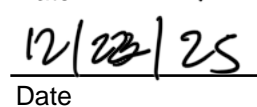
8(a)(2) APS/CAN checks were overdue for CG#2 and HHM#2, #3, and #4. All APS/CAN was due on or before 2/5/2025 and were not present in the CCFFH files.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: PO LIM

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

PCG's Name on CCFFH Certificate: Ronalyn Alviar
(PLEASE PRINT)

CCFFH Address: 94-1108 Hilihua Pl. 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?
21a)(2)	Make sure PCG will check the binder if the SCG/ HFM's did their APS/CAN. PCG will create a monthly reminder	1/4/26	check the binder monthly to prevent lapsed APS/CAN

All items that were corrected are attached to this POC

PCG's Signature: Ronalyn

Date: 1/4/26

CTA has reviewed all corrected items