

Foster Family Home - Deficiency Report

Provider ID: 1-190022

Home Name: Arceli Acio, CNA

Review ID: 1-190022-14

94-478 Kipou Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 12/17/2025

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 12/17/2025).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence present in CCFFH records of CCFFH's confidentiality/privacy training completed for HHM#4 and HHM#5.

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): Evidence of lapse of TB clearance present in CCFFH records for CG#2. TB clearance was due by 11/2/2025 and completed 11/17/2025.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence present in client records of RN delegations given by client #1's case management agency for oxygen administration, topical medication administration, and wound care for CG#1, CG#6, CG#7, and CG#8.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

Comment:

(3P)(a)(1) Env: No evidence present in client records of written agreement of living in a shared bedroom signed by client #3.

Foster Family Home - Deficiency Report

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;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2): No evidence present in client records of current service plan for client #3. Only service plan signature page was present in client records dated 11/5/2025. CTA unable to review service plan to determine if services were addressed in service plan.

54.(c)(8): No documentation present in client records of inventory of personal belongings for client #2.



Compliance Manager



Primary Care Giver

12/17/25

Date

12/17/25

Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Arceli Acio (PLEASE PRINT)

CCFFH Address: 94-478 Kipou Street Waipahu, Hawaii 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?
16.b.5	PCG completed the CCFFH's confidentiality/Privacy Training for HHM #4 and HHM #5. Signed by HHM #4 and #5 and filed on PCG's CCFFH Binder.	12/17/25	Home will make a checklist of requirements to be completed with HHM added to the home
41.b.7	Lapse can not be corrected	12/17/25	Home will use a calendar indicating caregiver's requirements due dates to prevent expiration. PCG will do monthly check of the calendar and remind SCG to obtain requirements a month prior to expiration dates
43.(c)(3)	RN delegation was done for client #1 on: - Oxygen administration - Wound care and - Topical medication administrations to CG #1, CG#6, CG#7 and CG#8. These RN delegations are already filed in client #1 binder	12/26/25 12/26/25 1/6/26	Home will notify client's RN to provide RN delegation to caregivers for new medications, wound care and medical equipment such as oxygen prescribed to a client immediately after it is prescribed by the attending doctor.
(3p)(a)(1)	A written agreement of living in a shared bedroom was signed by client #3 POA. Said agreement is already filed in client #3 binder.	1/6/26	A shared bedroom agreement will be added on the checklist for admission in the home.

All items that were corrected are attached to this POC

PCG's Signature: Arceli Acio

Date: 1/10/2026

CTA has reviewed all corrected items

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Arceli S. Acio

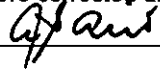
(PLEASE PRINT)

CCFFH Address: 94-478 Kipou Street Waipahu, Hawaii 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?
cont.			
54(c)(2)	CM of client #3 provided a copy of client #3's current service plan dated 11/5/25. This service plan is signed and filed in client #3 binder	1/6/26	PCG will maintain a checklist of requirements for each client including respective due dates. Checklist will be checked monthly and remind CM/nurse assigned to the client to provide requirements a month prior to expiration dates.
54(c)8	Inventory of Personal Belongings was updated and documented with client #2. This Inventory of Personal Belongings is signed by client #2 and already filed in the client binder.	12/18/25	Home will have a checklist of requirements for admission that includes Inventory of Personal Belongings

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 1/18/2026

CTA has reviewed all corrected items