

Foster Family Home - Deficiency Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-16

91-832 Haiamu Street

Reviewer: Laurie Vosler

Ewa Beach HI 96706

Begin Date: 11/12/2025

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/12/2025.

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): Evidence of lapse present in CCFFH records of APS/CAN clearance for HHM#2. Clearance was due by 08/24/2024 and completed 08/24/2023.

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

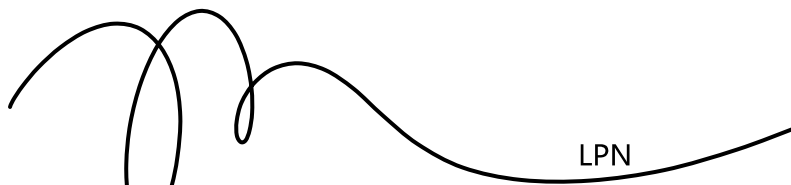
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance on approved Department of Health Form for HHM #1.

41.(f)(1) No current/Lapse in TB clearance for HHM# 2. TB clearance was due on or before 08/26/2025 and was completed 08/26/2024.



LPN

Compliance Manager

11/12/2025

Date

Primary Care Giver

11/12/2025

Date