Foster Family Home - Deficiency Report

Provider ID:	**1-090030**		
Home Name:	**Carol Alcaraz, CNA**	**Review ID:**	**1-090030-2**
91-928 Ahona Street		Reviewer:	Ryan Nakamura
Ewa Beach HI 96706		Begin Date:	5/21/2026

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 10 business days (inspection date: 6/19/2026).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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

Comment:

41.(b)(4): Primary caregiver disclosure form not updated to reflect current household members.

41.(b)(8): First aid training present in CCFFH records only completed online portion and needed skills portion to be completed for CG#1.

41.(f)(1): No TB clearance present in CCFFH records for HHM minor.

Foster Family Home — Insurance Requirements — [11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2): Automobile insurance present in CCFFH records did not meet minimum requirements of $100,000 bodily injury per person and $30,000 property damage.

Compliance Manager — Date 6/19/26

~~Primary~~ Care Giver — Date 6/19/26