

Foster Family Home - Deficiency Report

Provider ID: 1-614075

Home Name: Evelyn Arroccena, CNA

Review ID: 1-614075-18

91-743 Aikanaka Road

Reviewer: Ryan Nakamura

Ewa Beach HI 96706

Begin Date: 5/14/2026

Foster Family Home	Required Certificate	[11-800-6]
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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 10 business days (inspection date: 5/14/2026).

Foster Family Home	Background Checks	[11-800-8]
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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): APS/CAN/criminal background checks were due by 4/03/2026 for HHM#3.

Foster Family Home	Physical Environment	[11-800-49]
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49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Screen window missing in client #1's bedroom allowing bugs and pests to enter CCFFH.

Foster Family Home	Records	[11-800-54]
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54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(6): No documentation of ADL/skilled nursing checklist from 3/01/2026 to 5/14/2026 for client #1 and #3 and from 5/06/2026 to 5/14/2026 for client #2.



Compliance Manager



Primary Care Giver

5/17/26

Date

5/14/26

Date