

Foster Family Home - Corrective Action Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-9

124 West Kinai Place

Reviewer: Jackie Chamberlain

Hilo HI 96720

Begin Date: 10/25/2020

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 home inspection made for a 3 bed CCFFH. corrective action required to CTA within 30 days

Foster Family Home Application [11-800-7]

7.(b)(1)(C) Background check documents, as provided in section 11-800-8; and

Comment:

7.(b)(1)(C) APS/CAN and ecrim lapsed for CG#1 was due 2019
APS/CAN and fingerprinting, TB test, signing of privacy and confidentiality not done for new HHM # 2

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47d.1 - Unable to locate physicians order for use of [REDACTED] for client #1 and client # 2. Client #2 is frequently agitated and PCG is placing kitchen chairs against the outside of [REDACTED] and [REDACTED]

Jackie Chamberlain RN
Compliance Manager

10/26/2020
Date

Imelda Pacris
Primary Care Giver

10/26/20
Date

Community Care Foster Family Home (CCFFH)
 Written Corrective Action Plan (CAP)
 Chapter 11-800

CCFFH Name: IMELDA PACRIS
 CCFFH Address: 124 W. KINA'I PL.
HILO, HI. 96720

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------|
| 11-800-7 | <p>SECURED E-CRIM FOR: [REDACTED]</p> <p>SEE ATTACHED PLS. DATE AT THE BOTTOM</p> <p>SECURED APS/CAN FOR [REDACTED]</p> <p>SEE ATTACHED RECEIPT-RESULT 14 WORKING DAYS</p> <p>SECURED FINGER PRINT, APS/CAN FOR [REDACTED]</p> <p>SEE ATTACHED RECEIPT PLS. - RESULT THIS WEEK</p> | 11/23/20 | <p>PLACE ON CALENDAR TO REMIND UPDATES OF IMPORTANT DOCUMENTS</p> |

Primary Caregiver's Signature: Imelda J. Pacris

Print Name: IMELDA J PACRIS Date of Signature: 11/23/20

- All items that were fixed were attached to this CAP
- CTA has reviewed all corrected items

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

CCFFH Name: **IMELDA PACRIS**
CCFFH Address: 124 W. KINAI PL.
HILO, HI. 96720

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|----------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------|
| 11-800-7 | TB TEST FOR HHM # 2 - [REDACTED] see attached pls. SIGNING OF PRIVACY AND CONFIDENTIALITY see attached pls. ALL SIGNED | 11/19/20 11/23/20 | PLACE ON CALENDAR TO REMIND THE NEED TO ACCOMPLISH IMPORTANT DOCUMENTS AND TESTS FOR SAFETY. |

Primary Caregiver's Signature: Imelda J. Pacris

Print Name: IMELDA J. PACRIS

Date of Signature: 11/23/20

All items that were fixed were attached to this CAP

CTA has reviewed all corrected items