

# Foster Family Home - Deficiency Report

Provider ID: 1-561119

Home Name: Ophelia Pabalan, CNA

Review ID: 1-561119-13

94-441 A Kiau Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/1/2021

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/1/2022.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#3 and HHM#3 without the 1st and 2nd years of Fingerprinting present in the CCFFH binder.

## 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;

Comment:

54.(c)(2)- Client #1 and Client #3's Service Plans dated 7/25/2021 were without the Client or POAs signatures.

*Maribel Nakamine, RN* 12/1/2021

Compliance Manager

Date

*Ophelia Pabalan*

Primary Care Giver

12/1/2021

Date