

Foster Family Home - Deficiency Report

Provider ID: 1-210075

Home Name: Dexter Pacariem, NA

Review ID: 1-210075-3

94-314 Hilihua Way

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 9/23/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/23/22.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:


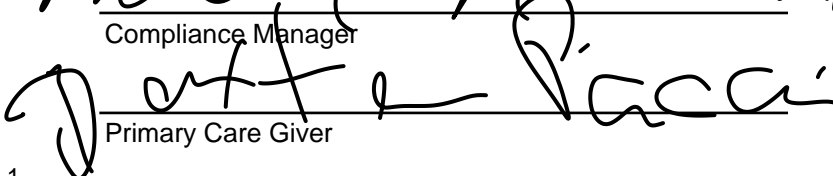
41.(c)- CG#1 and CG#2 were without the required annual in-services training for the year 2022.

Foster Family Home	Records	[11-800-54]
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54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- No Emergency/Evacuation Map present in the CCFFH.


Compliance Manager

Primary Care Giver
Date 9/23/22
Date 9/23/22