

Foster Family Home - Deficiency Report

Provider ID: 1-516255

Home Name: Estela Paguirigan, CNA

Review ID: 1-516255-15

99-433 Paihi Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 12/14/2022

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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 1/14/2023. (30 days from the date the CCFFH is given their deficiency report).

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;

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. And 8.a.2. CG#3 and CG#4 (HHM#3) and HHM#2 did not meet the 2 sets of APS, CAN, Fingerprints within a 12 month period.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1. Missing 11/2022 fire drill.

3P.b.6. CG#2 and #3 have not conducted a fire drill in the past 12 months.

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

51.(a)(1) General;

Comment:

51.a.1. CG#2 is missing on the liability insurance policy.

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 Service plan for Clients #3 is missing for 10/2022. Signatures are missing for previous service plans with date of 4/2022.

Compliance Manager

Primary Care Giver

Date

Date