

Foster Family Home - Deficiency Report

Provider ID: 1-616279

Home Name: Ligaya Bercasio, RN

Review ID: 1-616279-9

94-500 Alapine Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/25/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

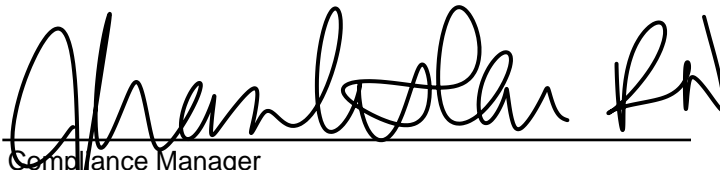
8.(a)(2) CG 1,2,3 and 4 do not have current APS, CAN

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:

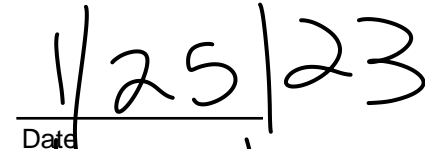
54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice



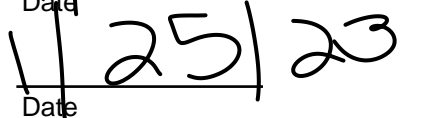
Compliance Manager



Primary Care Giver



Date



Date