

Foster Family Home - Deficiency Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-15

124 West Kinai Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 6/12/2023

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

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

Comment:

6.(d)(1) - Annual unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/12/23.

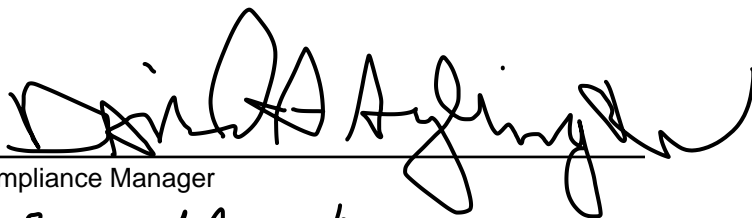
Foster Family Home Background Checks [11-800-8]

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

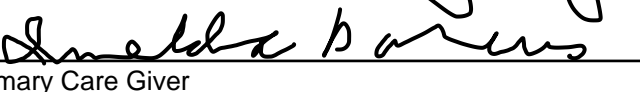
Comment:

8.(a)(1)(2) - APS/CAN expired on 12/2/2022 for CG #1. Done on 5/9/2023.
APS/CAN and fingerprints expired on 4/29/2023 for HHM #2 and APS/CAN for HHM #1.



Compliance Manager

6/12/2023
Date



Primary Care Giver

6/12/2023
Date