

Foster Family Home - Deficiency Report

Provider ID: 1-613423

Home Name: Elizabeth Pastor, CNA

Review ID: 1-613423-14

94-419 Kiolena Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 1/25/2024

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 visit made for a 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 1/25/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

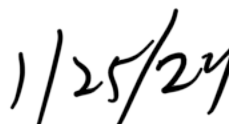
8(a)(2) APS/CAN checks were lapsed for HHM #1, #2, #3, and #4. APS/CAN was due on or before 1/18/2024 and was completed on 1/23/2024.


8(c) State Name Check (eCrim) was lapsed for HHM #1, #2, #3, and #4. State Name Check (eCrim) was due on or before 1/2/2024 and was completed on 1/23/2024.



Compliance Manager


Primary Care Giver



Date


Date