

Foster Family Home - Deficiency Report

Provider ID: 1-210042

Home Name: Eunice Visitacion, CNA

Review ID: 1-210042-7

94-1084 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/27/2024

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 recertification inspection.

PCG requested to increase from a 2-bed to a 3-bed CCFFH.

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

Foster Family Home Personnel and Staffing [11-800-41]

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No Job Experience form present for CG#3 as CG#1 applied for an increase from a 2-bed to a 3-bed CCFFH.

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)- Client #1's Service Plans dated 7/16/23 and 1/9/24 without the client's/POA's signatures.

Maribel Nakamine, RN

Compliance Manager

Egmaritacion

Primary Care Giver

2/27/24

Date

2/27/24

Date