

Foster Family Home - Deficiency Report

Provider ID: 1-210075

Home Name: Dexter Pacariem, NA

Review ID: 1-210075-7

94-314 Hilihua Way

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/17/2024

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 2-bed annual inspection.


Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 7/17/2024)


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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed 6/11/2024 with no current results present.



Compliance Manager


Primary Care Giver

7/17/24

Date
7/17/24

Date