

Foster Family Home - Deficiency Report

Provider ID: 2-511883

Home Name: Imelda Pacris, LPN

Review ID: 2-511883-17

124 West Kinai Place

Reviewer: David Ayling

Hilo HI 96720

Begin Date: 6/18/2024

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 7/18/24.

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.

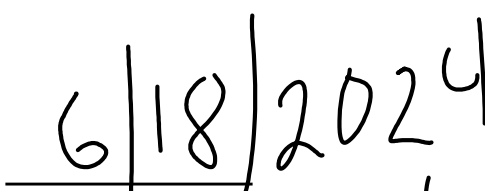
APS/CAN expired on 4/29/2023 for HHM #2. Done on 7/11/2023. eCrim expired on 8/20/2023. Done on 8/27/2023.

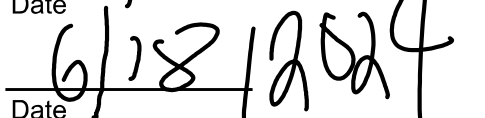


Compliance Manager



Primary Care Giver



Date


Date

CTA RN Compliance Manager: DAVID AYLING RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: IMELDA PACRIS LPN
(PLEASE PRINT)

CCFFH Address: 124 W. KINAI PLACE HILO, HAWAII 96720
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
8(9)(1) (2)	I showed [redacted] current APS/CAN and eCrim for CG #1 and HHM#2 on the day of my visit.	6/18/24	I made a list of expiration dates for APS/CAN and eCrim for all CG's and HHM's. I put the list in my CCFFH binder. I will review the binder every month.

All items that were corrected are attached to this POC
PCG's Signature: Imelda Pacris LPN

Date: 6/18/24

CTA has reviewed all corrected items