

Foster Family Home - Deficiency Report

Provider ID: 1-230091

Home Name: Kimberly Ann Pacis, CNA

Review ID: 1-230091-3

94-1279 Huakai Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/19/2024

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 re-certification inspection.

Client #1 is missing form 1147.

Client #2 has an expired form 1147.

Deficiency Report issued during CCFFH inspection via email on 9/19/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)

No RN delegation present for Client #1 for CG#2.

No RN delegation present for Client #2 for CG#2 and CG#3.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:


50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2 did not receive the training and sign the acknowledgement form.

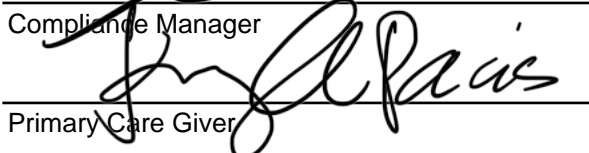
Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

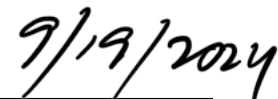
Comment:

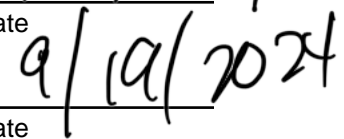
51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#2 and CG#3 are not included on the policy.



Compliance Manager


Primary Care Giver



Date


Date