

Foster Family Home - Deficiency Report

Provider ID: 1-516255

Home Name: Estela Paguirigan, CNA

Review ID: 1-516255-19

99-433 Paihi Street

Reviewer: Po Lim

Aiea HI 96701

Begin Date: 12/6/2024

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 re-certification inspection.

Client #3 has an expired Form 1147 on 2/24/2024.

CNA Prometric registry check are not present for CG#1, #2, and #3.

Sex Offender check are not present for all the CGs and all HHMs over the age of 18 years old.

Deficiency Report issued during CCFFH inspection via email on 12/6/2024 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)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1. CG#3, CG#4, and HHM#1 have missed their second fingerprints. CG#3 missed on 2/9/2023, CG#4 and HHM#1 missed on 1/6/2024.

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) No current service plan present for Client#2. Last one in record is dated 7/21/2023.

No current service plan present for Client#3. Last one in record is dated 5/17/2024.

Also both clients are not signed by POA/Client.

Compliance Manager

Primary Care Giver

Date

Date