

# Foster Family Home - Deficiency Report

Provider ID: 1-240007

Home Name: Maria Leah Pascua, CNA

Review ID: 1-240007-3

2632 California Avenue

Reviewer: Po Lim

Wahiawa HI 96786

Begin Date: 11/15/2024

## 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.

Deficiency Report issued during CCFFH inspection via email on 11/15/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

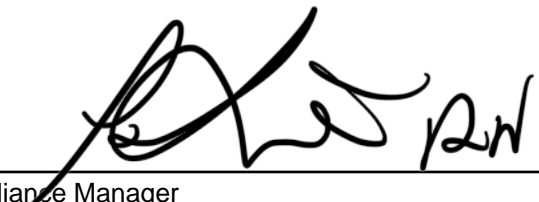
## Foster Family Home Client Care and Services [11-800-43]

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.

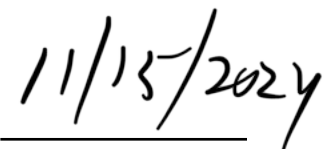
Comment:

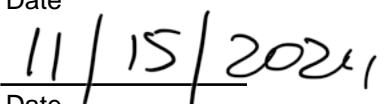
43.(c)(3) No RN delegation present for Client #1 for CG #2, #3, #4, #5.

CG#5 is not delegated for client #2.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date