

Foster Family Home - Deficiency Report

Provider ID: 1-100052

Home Name: Jocelyn Alcaraz, CNA

Review ID: 1-100052-16

91-1124 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 1/8/2025

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 #2 and Client #3 have expired Form 1147.


Deficiency Report issued during CCFFH inspection via email on 1/9/2025 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

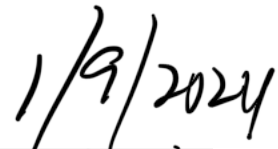
Comment:

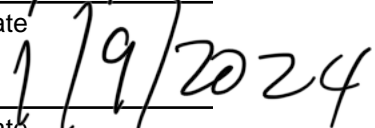
54(c)(2) No current signatures for service plan present for Client# 2 and Client #3. Dated 9/2024 and 11/2024 respectively.



Compliance Manager


Primary Care Giver



Date


Date