

Foster Family Home - Deficiency Report

Provider ID: 1-200047

Home Name: Jenny Ponciano, RN

Review ID: 1-200047-3

94-1132 Lumiauu Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 9/24/2021

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 completed for a 2 person CCFFH recertification
Corrective Action Report issued during home inspection with all approved written corrections due to CTA by 10/24/2021.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)

CG#2 and HHM #1, #2, #3, #5, #6 have no privacy/confidentiality training documentation.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(7)

CG#2 TB lapsed last was 6/2020. No 2021 TB.

41.(f)(1)

HHM#1 no TB form ([REDACTED])
HHM#3 TB lapsed last was 7/2020 no 2021 TB
HHM#5 and HHM#6 have no TB form or declination form in binder.

Compliance Manager

Primary Care Giver

9/24/2021

Date

9/24/2021

Date