

# Foster Family Home - Deficiency Report

Provider ID: 1-170084

Home Name: Jane Ramos, CNA

Review ID: 1-170084-8

91-953 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/9/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) There were [redacted] in Client # 1 and # 2 bedroom. There were no consent forms for use of [redacted] Use of [redacted] is a violation of client privacy without proper consent.

## Foster Family Home Records [11-800-54]

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.


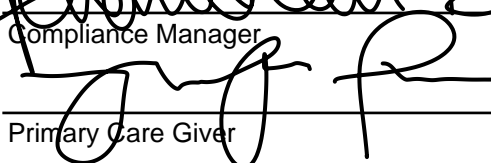
Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

Client # 1 service plan is outdated client # 2 service plan is missing from CCFFH client records

54.(c)(7) No proof of Expenditure records for client # 2

54.(c)(8) Personal inventory sheet is blank and not signed for client # 2. CMA form instruction is for belongings to be totaled monthly and faxed to CMA, has not been completed for client # 1 since 2019

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

11/9/21  
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Date  
11/9/21  
\_\_\_\_\_  
Date