

Foster Family Home - Deficiency Report

Provider ID: 1-560187

Home Name: Dolores Guiao, CNA

Review ID: 1-560187-9

91-1050 Kaimalie Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 4/12/2022

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 3 bed re-certification.

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

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

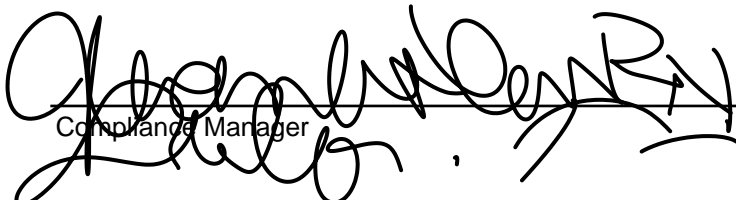

50.(a) CCFFH emergency map lists client 3 in a room outside of the home structure.

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

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

Comment:

53.(b)(15) visiting hours state limited, Per "My choice my way" visiting hours cannot be restricted.


Compliance Manager

Primary Care Giver

4/12/22
Date
4/12/22
Date