

# Foster Family Home - Deficiency Report

Provider ID: 1-090100

Home Name: Fely Barayuga, CNA

Review ID: 1-090100-13

1808 Beckley Street

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 4/21/2022

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of corrections due to CTA on 5/21/2022.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- CG#1, CG#2, HHM#1, and HHM#2's APS/CAN lapsed on 6/5/21 and renewed on 8/11/21. HHM#2 without the 2 consecutive results of APS/CAN/Fingerprint in the CCFFH binder.

## 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)- CG#4 without evidence of having had the training for the CCFFH's Emergency Preparedness Plan.

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

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- Client #2 and Client #3 with a [REDACTED] [REDACTED] vices located inside their bedrooms. No written authorization present from POAs/Clients in each of their charts.



Compliance Manager

  
Primary Care Giver

Date

Date

4/21/22

4/21/22