

# Foster Family Home - Deficiency Report

Provider ID: 1-190080

Home Name: Josie Taylan, CNA

Review ID: 1-190080-8

94-538 "a" Koaleo Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/17/2022

## 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 Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were [REDACTED] in the shared Client # 1 and 2 bedroom. There were no consent forms for use of [REDACTED]. Use of [REDACTED] is a violation of client privacy without written consent.

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:


48.(a) no written account of clients monthly funds present for client [REDACTED] or [REDACTED]

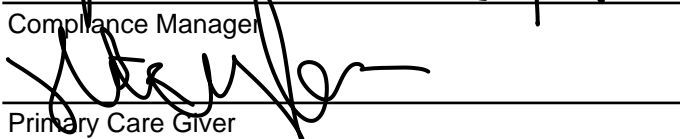
## Foster Family Home Quality Assurance [11-800-50]


50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.


Comment:

50.(d) CCFFH has no street address signage on the home to identify the unit as "A" at the CCFFH for access by agencies or emergency persons

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date