

Foster Family Home - Deficiency Report

Provider ID: 1-170057

Home Name: Mary Vares, NA

Review ID: 1-170057-9

91-846 Makaonaona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/22/2022

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 2 bed re-certification.

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

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) Clients bedrooms are in a section of the CCFFH that is not present at all on the house emergency map or floorplan

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) There is no eating or recreation table at wheelchair height for clients use

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 video cameras in Client # 1 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

53.(b)(15) Client # 1 has no door knob and is unable to lock his door without this being included on service plan

Foster Family Home Records [11-800-54]

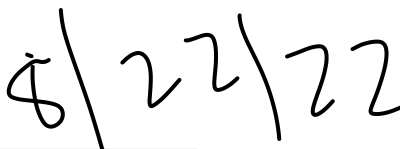
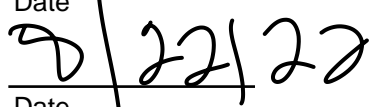
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

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


Compliance Manager

Primary Care Giver


Date

Date