

Foster Family Home - Deficiency Report

Provider ID: 1-563082

Home Name: Renalyn Aseret, CNA

Review ID: 1-563082-10

94-205 Haaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 10/3/2022

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 plan of correction required, 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 video cameras in Client # 1 and 3 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without written consent.

Foster Family Home Records [11-800-54]

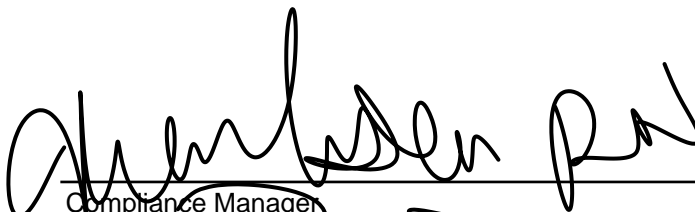
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

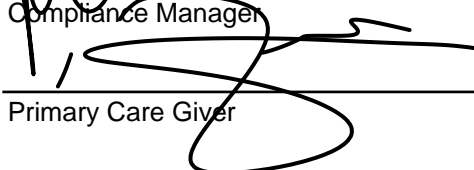
Comment:

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

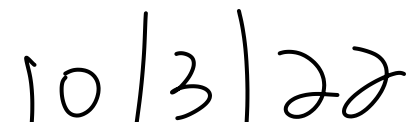
54.(c)(3) Client # 1 has MD order for ensure 3 times daily (client has open wound) is not documented as given



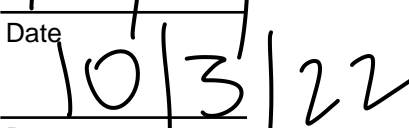
Compliance Manager



Primary Care Giver



Date



Date