

# Foster Family Home - Deficiency Report

Provider ID: 1-220005

Home Name: Ronalyn Mamaclay, NA

Review ID: 1-220005-3

94-1108 Hilihua Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 11/16/2022

## 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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/16/2022. (30 days from the date the CCFFH is given their deficiency report).

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.b.5 All CGs and adult HHMs did not have confidential training and signatures.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.4 CG#3 is missing G disclosure form.


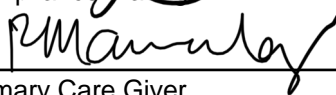
41.c CG#2 have 6.5 hours and is missing 1.5 hours of in-service/ CE trainino.

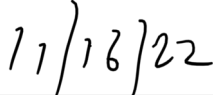
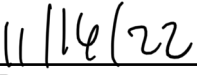
## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.a.1. CG#3 is missing from Liability insurance.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date