

# Foster Family Home - Deficiency Report

Provider ID: 1-210008

Home Name: Shirley Nieves-Acosta, NA

Review ID: 1-210008-5

94-1010 Kuakolu Place

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 11/23/2022

## 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 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 2 bedroom. There were no consent forms for use of video equipment. Use of camera 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)(5) Medication schedule checklist;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

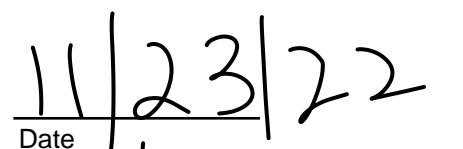
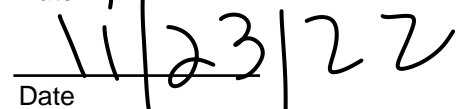
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(7) Client 1 and 2 are missing documentation of expenditure records. Client # 1 contract states \$50 / month to go to personal need items

54.(c)(8) Client 1 does not have a personal inventory of belongings

54.(c)(5) Client # 2: BP medication has MD ordered hold parameters on Rx label not listed on the MAR

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date