

Foster Family Home - Deficiency Report

Provider ID: 1-563800

Home Name: Esterlyn Dela Cruz, CNA

Review ID: 1-563800-12

1254 Kapalama Avenue

Reviewer: Jackie Chamberlain

Honolulu

HI 96817

Begin Date: 3/31/2023

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 2 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.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

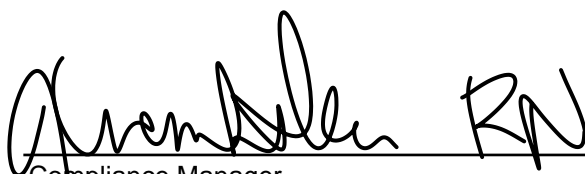
(3P)(c)(3) Env. The dining area or dining / kitchen and common space for clients or household members does not meet the square feet requirements

Foster Family Home Records [11-800-54]

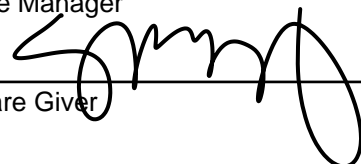
54.(c)(8) Personal inventory.

Comment:

54.(c)(8) Client # 1 and 3 no documentation of Personal inventory sheet



Compliance Manager



Primary Care Giver

3/31/23

Date

3/31/23

Date