

# Foster Family Home - Deficiency Report

Provider ID: 1-220027

Home Name: Marie Angelyn de Leon, RN

Review ID: 1-220027-3

95-231 Waipono Street

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 1/31/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Corrections due to CTA within 30 days of inspection (date issued: 1/31/23).

## 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)- No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG#2, CG#3, CG#4, CG#5, and CG#6.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:



46.(b)(2)- CG#4 did not have evidence of conducting a monthly fire drill for the year 2022.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#2, CG#3, CG#4, CG#5, and CG#6 did not have evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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

Date 1/31/23  
Date 1/31/23