

# Foster Family Home - Deficiency Report

Provider ID: 1-160055

Home Name: May Simeon, CNA

Review ID: 1-160055-12

94-687 Lahaole Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/17/2023

## 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) A video cameras has been used in Client 2 bedroom. (to meet service plan item for baby monitor) There were no documentation of consent forms for use of video surveillance equipment.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)cardiopulmonary resuscitation, and basic first aid are expired for CG 2 and 3

41.(b)(5)(C)(ii) TB Clearance or exclusion is missing for 3 minor HHM 2,3 and 4

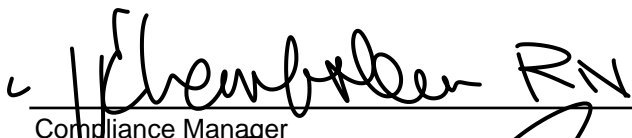
## Foster Family Home Records [11-800-54]

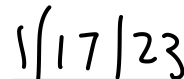
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

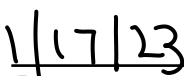
54.(c)(2) Service plan for clients # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

This is a repeat citation for monthly weights

  
Compliance Manager

  
Date

  
Primary Care Giver

  
Date