

Foster Family Home - Deficiency Report

Provider ID: 1-170009

Home Name: Norma Maneja, CNA

Review ID: 1-170009-10

91-1165 Kumulipo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 2/1/2023

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 recertification
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 was video camera in Client # 1
bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client
privacy without written consent.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(4) Kitchen and eating table is overflowing with stored food and stacked kitchen items making the space unusable by
the clients

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's
behalf by the home.

Comment:

48.(a) CCFFH has no documentation regarding a stated family member responsible for client # 2 allowance money.
CCFFH has not notified CMA Social worker for assessment of situation

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

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home.
Such cooperation shall include providing the case management agency access to the home and the client at any
time requested by the case management agency.

Comment:

50(d) There is a doorbell at the front door but it went unanswered for 10 minutes requiring a phone call into the house to
gain entry. In addition, client # 1 was in the garage in a wheelchair waiting for transportation for 20 minutes without a way
to notify CG if needed

Foster Family Home - Deficiency Report

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;

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)(5) Client # 2 has a PRN BP medication ordered. There is no documentation of it being given when parameters are met



Compliance Manager

1/31/23

Date



Primary Care Giver

1/31/23

Date