

# Foster Family Home - Deficiency Report

Provider ID: 1-090063

Home Name: Sally Aguinaldo, CNA

Review ID: 1-090063-13

91-1670 Auwaha Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 2/14/2023

## 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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM 2 and 3 did not have documentation of background checks, TB clearance or confidentiality training

## 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 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.

## Foster Family Home Physical Environment [11-800-49]

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

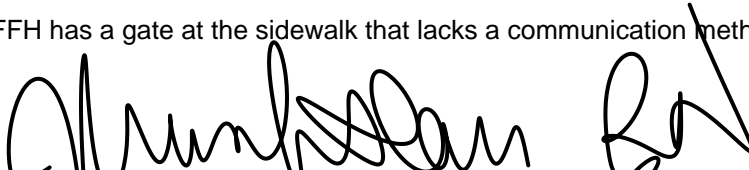
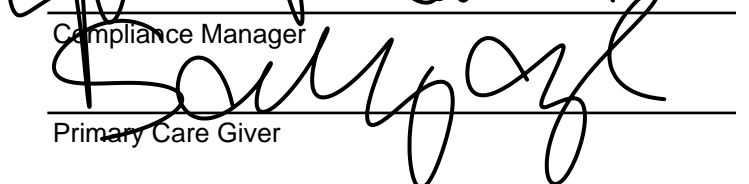
49.(d)(1) Client # 2 does not have a closet in the bedroom for personal use.



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

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date