

# Foster Family Home - Deficiency Report

Provider ID: 1-583410

Home Name: Helen Pascua, CNA

Review ID: 1-583410-12

1428 Konia Street

Reviewer: Po Lim

Honolulu

HI 96817

Begin Date: 5/9/2023

## 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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/9/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 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 #5 and HHM #3 and #4.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:


41.f.1 HHM #4 does not have a current TB test on file.


## 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:

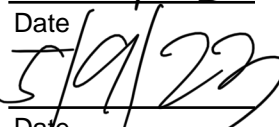
Comment:

50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG #5 did not received the training and no signature on the sign list.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date