

Foster Family Home - Deficiency Report

Provider ID: 1-220064

Home Name: Noel Quitaras, CNA

Review ID: 1-220064-3

2004 Kealoha Street, Apt. A

Reviewer: Po Lim

Honolulu HI 96819

Begin Date: 5/31/2023

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/31/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1.and 8.a.2. HHM #2 did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

CG#3 needs one set of APS, CAN, Fingerprints.

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, #3, and HHM #1, #2.

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. All CGs did not received training for EPP and did not sign the acknowledgment form. EPP was not entirely fill out to include location of evacuation site.

Compliance Manager

Primary Care Giver

Date

Date