

# Foster Family Home - Deficiency Report

Provider ID: 1-130028

Home Name: Elsa Atis, CNA

Review ID: 1-130028-17

91-1047 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/12/2023

## 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) There were video cameras in Client # 2 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 Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) HHM under 18 does not have proof of TB clearance

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

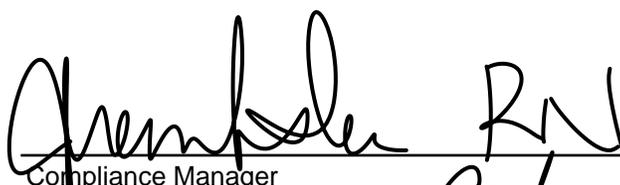
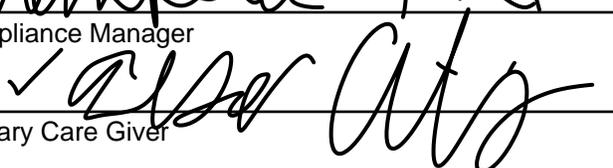
54.(c)(3) Current copies of the client's physician's orders;

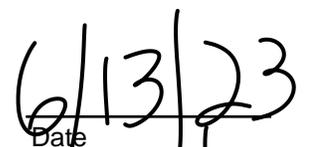
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(3) Client # 1 has a signed MD order to notify PCP when blood sugar over 350mg/dl. There is no proof that the MD was notified for parameters

54.(c)(5) Client # 1 has a hold medication parameter on the MAR which is not present on the prescription label

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date