

# Foster Family Home - Deficiency Report

Provider ID: 1-220067

Home Name: Sheryl Sabillo, CNA

Review ID: 1-220067-3

91-1076 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/15/2023

## 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 2 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction 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 # 1 and 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 Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) The kitchen was blocked off from client use by a baby gate  
49.(a)(4) The dining table is "bar" height not appropriate for wheelchair use

## 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;

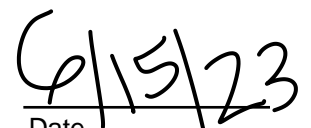

54.(e) When a client leaves a home, all records and reports kept by the home shall be given to the case management agency.

Comment:

54.(c)(3) Client # 1 there is no signed MD orders for any care or medications

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date