Foster Family Home - Deficiency Report

Provider ID: 1-591380

Home Name: Maria Quiambao, CNA Review ID: 1-591380-14

87-135 B Kaukamana Road Reviewer: Po Lim

Waianae HI 96792 Begin Date: 9/26/2023

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. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of issuance. CCFFH met all requirements at the time of the

inspection. ベイ

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

Foster Family Home Personnel and Staffing [11-800-41]
41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41(a)(3) No job experience form present for CG#2.

Date

9/26/2023 12:03:27 PM

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Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate: MARIX QUIAMBAO
(PLEASE PRINT)

CCFFH Address: 81-135 B KAUKAMANA RD, WAIANAE, HI 94792
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
	form was filled out by eat 12 ca #3 HHM 1#2 #3.		I will put note reminder to exect all required paper work. make sure I will put
	the job experience costs has been sign and completed.		make sure I will put sticky note reminder to all required paperwork

	All items that were	corrected are	attached	to this POC
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PCG's Signature: Waria Drianbar

Date: 9-26-23