

Foster Family Home - Deficiency Report

Provider ID: 1-561002

Home Name: Marissa Bonilla, CNA

Review ID: 1-561002-14

92-787 Ka'ao'ao Place

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 10/19/2023

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.

Client#1 is missing from 1147.

Deficiency Report issued during CCFFH inspection via email on 10/19/2023 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 HHM# 2 and HHM# 3.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

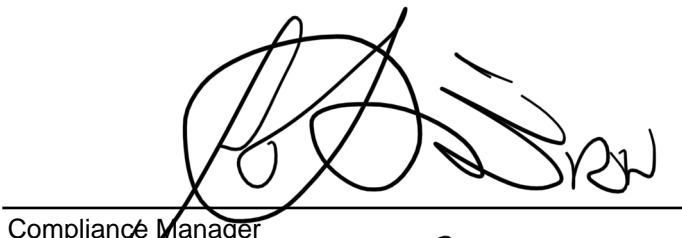

43.(c)(3) No RN delegation present for Client # 1 for CG# 2.


Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 9/7/2022.


Compliance Manager

Primary Care Giver


Date
10-19-2023
Date