

Foster Family Home - Deficiency Report

Provider ID: 1-230004

Home Name: Shuntle Maneja Visaya, CNA

Review ID: 1-230004-4

94-1253 Henokea Street

Reviewer: Ryan Nakamua

Waipahu

HI

96797

Begin Date: 11/3/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/3/2023).

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;

Comment:

8.(a)(1): No evidence by CCFFH of current fingerprinting clearance for CG#4 and HHM#3. Only document presented by CCFFH shows evidence of APS/CAN clearance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(B)(4): No evidence by CCFFH of consent signed by client #1 and client #2 of use of cameras/monitors by CCFFH. No documentation presented by CCFFH.

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): No evidence by CCFFH of current TB clearance for CCG#4. No documentation within the past 12 months of TB clearance.


Compliance Manager

Primary Care Giver

11/3/23
Date
11/13/23
Date