

Foster Family Home - Deficiency Report

Provider ID: 1-562159

Home Name: Betty Vera Cruz, CNA

Review ID: 1-562159-15

3611 Aliamanu Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 11/29/2023

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/29/2023).

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

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

Comment:

16.(b)(4): No evidence by CCFFH of acknowledgement/consent by client #1 or client #2 of use of cameras/monitors in bedrooms and living areas. No documentation provided by CCFFH.

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): Use of hooyer lift to transfer client #1 not addressed in service plan. No documentation of patient lift or assistance to transfer client found in service plan.



Compliance Manager



Primary Care Giver

11/29/23

Date
11/29/23

Date