

# Foster Family Home - Deficiency Report

Provider ID: 1-559007

Home Name: Melecia Andres, CNA

Review ID: 1-559007-15

1182 Manuwa Drive

Reviewer: Ryan Nakamua

Honolulu

HI

96818

Begin Date: 11/29/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. 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]
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16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4): No evidence of written acknowledgement/consent of camera in use in living area by client #1 and #2. No documentation provided by CCFFH.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Evidence of lapse in TB clearance from 6/17/2023 to 7/21/2023 for CG#3.



Compliance Manager



Primary Care Giver

11/29/23  
Date  
11/29/23  
Date