

Foster Family Home - Deficiency Report

Provider ID: 1-511198

Home Name: Juanita Naone, CNA

Review ID: 1-511198-14

2020 Puna Street

Reviewer: Ryan Nakamua

Honolulu

HI

96817

Begin Date: 1/2/2024

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 after inspection (inspection date: 1/02/2024).

Foster Family Home

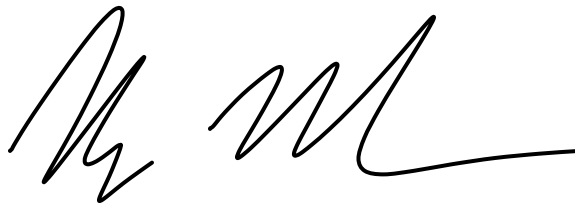
Information Confidentiality

[11-800-16]

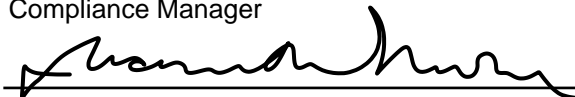
16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4): No evidence of written acknowledgement and okay to use of cameras and monitors in bedrooms and common living space from client#1 and client #2. No documentation presented by CCFFH.



Compliance Manager



Primary Care Giver

1/2/24
Date
1/2/24
Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Juanita Naone
(PLEASE PRINT)

CCFFH Address: 2020 Puna Street, Honolulu, HI 96817
(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?
16.(b) (4)	Consent forms to have cameras and monitors have been signed and date by client #1 and client #2	01/03/2024	I will inform clients if cameras and monitors needs to be fixed, changed or added. And will have a reminder on my spreadsheet when the consent form was signed and dated.

☒ All items that were corrected are attached to this POC

PCG's Signature: Juanita Naone

Date: 01/03/2024

☒ CTA has reviewed all corrected items