

# Foster Family Home - Deficiency Report

Provider ID: 1-140030

Home Name: Aileen Ramirez, CNA

Review ID: 1-140030-15

94-144 Awanui Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 1/19/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 1/19/2024).

## 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 evidence by CCFFH of confidentiality training completed for CG#4. No documentation provided by CCFFH.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(4): No evidence by CCFFH of psychosocial assessment completed by CG#4. No documentation provided by CCFFH of completed [REDACTED] caregiver form.

41.(b)(7): Evidence by CCFFH of lapse of tb clearance for CG#3. Documents provided by CCFFH show lapse from 2/18/2023 to 4/10/2023.

## 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 evidence by CCFFH of RN delegation given by client #1's case management agency for use of hooyer lift. No documentation provided by CCFFH.

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Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

54.(c)(8) Personal inventory.

Comment:

54.(c)(1): Evidence by CCFFH of client #2's face sheet is outdated. Documentation provided by CCFFH show's client's residence at previous address.

54.(c)(8): No evidence by CCFFH of personal inventory listed for client #1. No documentation provided by CCFFH.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

1/19/24  
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Date  
1/19/24  
\_\_\_\_\_  
Date