

Foster Family Home - Deficiency Report

Provider ID: 1-570053

Home Name: Isabel Infante, CNA

Review ID: 1-570053-15

1537 Haloa Drive

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 after 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 or consent from clients or POAs of CCFFH use of cameras/monitors in home. No documentation provided by CCFFH.

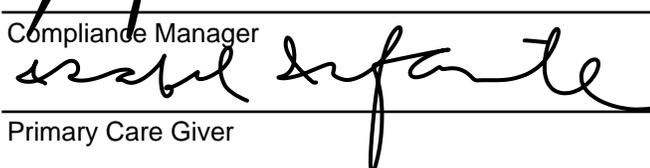
Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

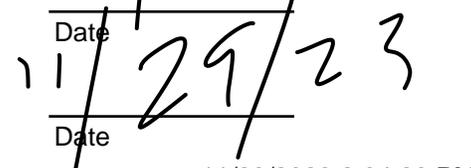
54.(c)(5): Evidence of medication discrepancy noted in MAR compared to what is being given. Medication dosage is being given differently than what is written in MAR.



Compliance Manager


Primary Care Giver



Date


Date