## Foster Family Home - Deficiency Report

Provider ID: 1-513384

Home Name: Mary Ann Cacpal, CNA Review ID: 1-513384-15

1927 Kuapapa Place Reviewer: Maribel Nakamine

Honolulu HI 96819 Begin Date: 12/12/2023

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 visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 12/12/23).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprint results present for HHM#4 and HHM#5. CG#3's APS/CAN lapsed on 8/18/22 was not done until 1/6/23.

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 confidentiality policies and procedures and client privacy rights training present for HHM#4 and HHM#5.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times

of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall

include the testing of smoke detectors.

Comment:

46.(a)- Last CCFFH monthly fire drill completed was on 10/16/23. No November 2023 was completed/present.

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	Home	Physical Environment	[11-800-49]	
49.(a)(2)	Grab bar	Grab bars in bath and toilet rooms used by the client, as appropriate;		
49.(a)(3)	A commo	A common living area, which is adequate for socialization and the recreational needs of the client;		
49.(c)(3)	The hom	ne shall be maintained in a clean, wel	ll ventilated, adequately lighted, and safe manner.	
Comment:				
49.(a)(3)- No di 49.(c)(3)- Living clients. During (	ning table a area wind Client #2's l	pedroom inspection, there was a	sects, bugs, vermins can enter the CCFFH and possibly bite th black bug (pincher) crawling on the window curtains.	
Foster Family	Home	Quality Assurance	[11-800-50]	
50.(e) Comment:	The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:			
` '		gate outside restricting access to nt of a visitor's arrival to the facilit	the front door that did not have a form of communication whicy.	
Foster Family	Home	Client Rights	[11-800-53]	

53.(b)(9)- There were video cameras in Client #1 and Client #2's bedrooms. There were no consent forms present for the use of video surveillance equipment. Use of video is a violation of client privacy without proper consent. **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)- Client #1's Service Plan dated 10/25/23 without the Client/POA's signature.