

# Foster Family Home - Deficiency Report

Provider ID: 1-230056

Home Name: Daisy Bueno, RN

Review ID: 1-230056-2

94-579 Apii Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/25/2024

## 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 of inspection (inspection date: 4/25/2024).

## Foster Family Home Client Rights [11-800-53]

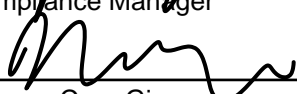
53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

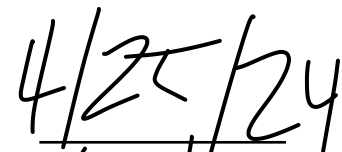
53.(b)(9): Client bedrooms and bathroom have door handles with no lock mechanism.



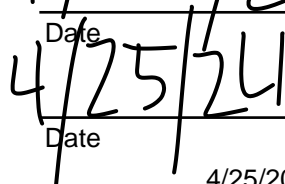
Compliance Manager



Primary Care Giver



Date



Date