

Foster Family Home - Deficiency Report

Provider ID: 1-597528

Home Name: Elena Cadiz-Ea, RN

Review ID: 1-597528-4

91-927 Ahona Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 2/8/2024

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 visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/8/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 proof that training on confidentiality policies and procedures and client privacy rights was provided to HHM#7 and HHM#8.

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. Disclosure form present, but outdated for CG#1.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#2, CG#5, CG#6, and CG#7. CG#2, #6, #7 had no signature of a provider. CG#5, no proof of x-ray.

Compliance Manager

Primary Care Giver

Date

Date