

Foster Family Home - Deficiency Report

Provider ID: 1-585771

Home Name: Gerlie Miguel, CNA

Review ID: 1-585771-15

94-691 Kime Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/8/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 4/8/24).

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

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

Comment:

8.(a)(2)- CG#1 and CG#2's APS/CAN lapsed on 5/26/23; CG#3 and CG#4's APS/CAN lapsed on 6/2/23. All were not renewed until 2/27/24.

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

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

Comment:

41.(b)(7)- CG#2's TB clearance lapsed on 4/29/23 and was not renewed until 6/8/23. CG#4's TB clearance lapsed on 1/7/24 and was not renewed until 3/27/24.

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 #1 with a video monitoring device inside the bedroom; no written consent present from client/POA. Use of video camera is a violation of client's privacy rights without a 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 #2's Service Plan dated 2/2/24 without the client/POA's signature.



Compliance Manager

Date

4/8/24
4/8/24



Primary Care Giver

Date