

Foster Family Home - Deficiency Report

Provider ID: 1-580888

Home Name: Azucena Luiz, CNA

Review ID: 1-580888-16

91-414 Papi Drive

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 5/16/2024

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 5/16/2024 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:

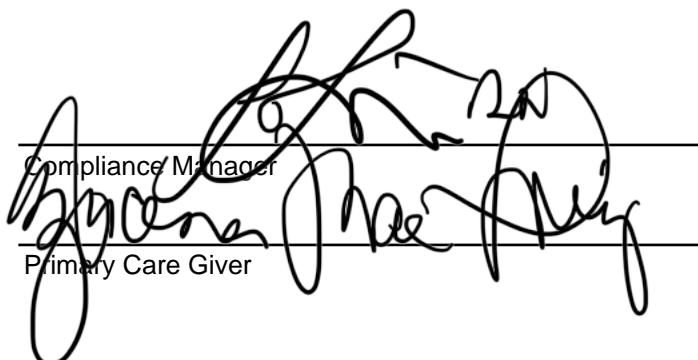
16.(b)(5) No proof that training on confidentiality policies and procedures and client privacy rights was provided to CG# 2, #3, and #4.

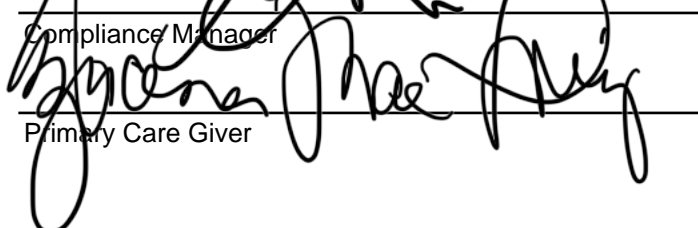
Foster Family Home Personnel and Staffing [11-800-41]

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).

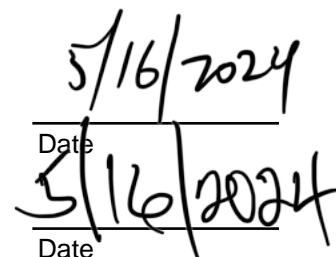
Comment:

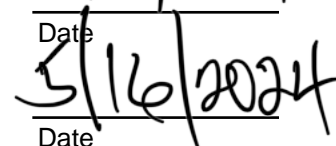
41.b.4 No disclosure form present for CG#4.



Compliance Manager


Primary Care Giver



Date


Date