

Foster Family Home - Deficiency Report

Provider ID: 1-511916

Home Name: Cecilia Naboia, CNA

Review ID: 1-511916-16

98-340 Pono Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 7/15/2024

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: 7/15/2024).

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;

Comment:

8.(a)(1): No documentation provided by CCFFH of criminal background check for CG#3 within the past 24 months and was due by 7/05/2024.

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): No documentation of TB clearance for CG#3 signed by MD/APRN/PA within the past 13 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

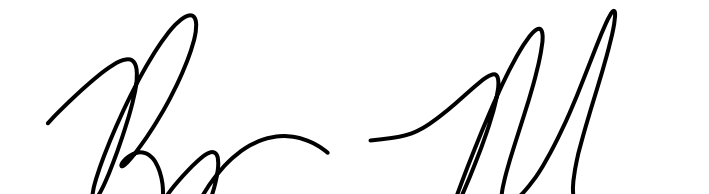
47.(d)(1): No documentation of physician order for use of bed side rails for client #1.

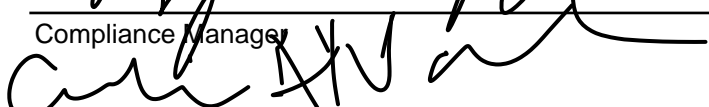
Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;


Comment:

53.(b)(15): CCFFH disclosed set visiting hours with restrictions for visitors and is not addressed in client #1 and #2's service plan.



Compliance Manager


Primary Care Giver



Date


Date