## Foster Family Home - Deficiency Report

Provider ID: 1-200069

Home Name: Julie Ann Quiambao, RN Review ID: 1-200069-10

94-251 Paiwa Street Reviewer: Ryan Nakamura

Waipahu HI 96797 Begin Date: 8/29/2024

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: 8/29/2024).

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients.

The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the

home.

Comment:

41.(c): No evidence provided by CCCFFH of CG#4 meeting minimum 8 hours of in-service training in 2023. 3 hours of inservice training provided by CCFFH.

Foster Family	y Home Physical Environment	[11-800-49]	
49.(b)(3)	Be in close proximity to the primary or substit emergencies, or be equipped with a call bell, agency.	tute caregiver for timely intervention for nighttime needs or intercom, or monitoring device approved by the case manage	gement
49.(c)(3)	The home shall be maintained in a clean, we	ell ventilated, adequately lighted, and safe manner.	
Comment:			

49.(b)(3): There were video cameras in client #1's bedroom. There was no consent form for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

49.(c)(3): Holes in screen window located in CCFFH's kitchen area.

Compliance Manager

Primary Care Giver