

# Foster Family Home - Deficiency Report

Provider ID: 1-230087

Home Name: Kasty Lei Marie Impat, NA

Review ID: 1-230087-3

94-242 Hanawai Circle

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 8/9/2024

## 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: 8/9/2024).

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1): No evidence by CCFFH of all caregivers are included in general liability insurance. CG#3 not currently on insurance policy.

51.(a)(2): Automobile insurance policy does not cover minimum \$100,000 bodily injury damage per person. Current policy covered in \$50,000 per person.

## 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;

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

Comment:

53.(b)(9): No evidence of written consent/acknowledgement by client #1 and client #2 of use of camera/monitor in client's common living area. No written consent of use of camera/monitor by client #1/POA in client's bedroom.

53 (b)(15) Posted visiting hours are limited to 0700-1900. Per federal rules, visiting hours cannot be restricted unless stated in a client's service plan.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date