

Foster Family Home - Deficiency Report

Provider ID: 1-230085

Home Name: Maria Angelica Camantang,
CNA

Review ID: 1-230085-3

91-1307 Maliko Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 8/27/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/27/2024 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, CG#4, and CG#5.

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).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4. No disclosure form present for CG #2, #3, #4, #5, #6, and #7.

41.(b)(8) CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG #4 and CG #5. Both are missing from their file.

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

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#3, CG#4, and CG#5 are not included on the policy.

Compliance Manager

Primary Care Giver

Date

Date