

# Foster Family Home - Deficiency Report

Provider ID: 1-635336

Home Name: Maria Peretz, CNA

Review ID: 1-635336-18

91-1124 Kaimalie Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/23/2024

## 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 7/23/2024 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#4.

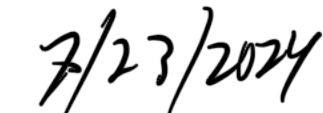
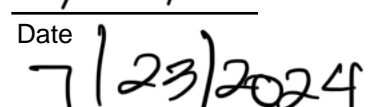
## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that included each CG at least once per year. CG#2 did not conduct a fire drill in the past 12 months.

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

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