

# Foster Family Home - Deficiency Report

Provider ID: 1-090124

Home Name: Marites M. Fiesta, CNA

Review ID: 1-090124-19

94-1260A Peke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/21/2024

## 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/21/24).

## 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 confidentiality policies and procedures and client privacy rights training present for HHM#2.

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

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(f)(2) Background checks

Comment:

41.(f), (f)(1), (f)(2)- No TB clearance result or TB exemption form for HHM#2.

41.(f), (2)- No background check results of APS/CAN/Fingerprint for HHM#2.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #1's bedroom window without a screen; bugs, mosquitoes, vermins can enter the CCFFH and possibly bite the client.

## 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;

Comment:

53.(b)(9)- CCFFH with a video surveillance system in the living room/clients' bedrooms hallway; no proper consent present in Client #1, Client #2, and Client #3's charts.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan dated 6/24/24 without the client's POA's signature.

54.(c)(6)- No CMA RN visit for the month of July 2024 as reported by CG#1 and CTA compliance manager confirmed with client's case management agency.

Mariabel Nakamine, RN 8/21/24  
Compliance Manager Date  
Antonio A. Fiala 8/21/24  
Primary Care Giver Date