

Foster Family Home - Deficiency Report

Provider ID: 1-510380

Home Name: Melba Sagisi, CNA

Review ID: 1-510380-16

91-1002 Ae Ae Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 7/30/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/30/2024).


6.(d)(1): No documentation provided by CCFFH of current 1147 assessment completed for client #2.

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): Evidence of belongings that do not belong to the client found in client #3's room.



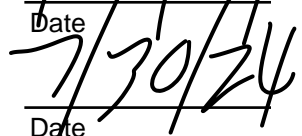
Compliance Manager



Primary Care Giver



Date



Date